



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

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AUTO SAFETY HOTLINE
(800) 424-9393
Wash. D.C. Area 366-0123



CASE SUMMARY

PSU 81 CASE NO. 072F TYPE OF ACCIDENT Van/Car - Straight Path

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Injury mechanism and vehicle crashworthiness is the focus, not driver culpability. Do not include any personal identifiers.)

Vehicle #1 was traveling eastbound approaching a four way intersection.

Vehicle #2 was southbound approaching the same intersection. As vehicle #1 passed through, vehicle #2 struck vehicle #1 in the left side. On impact vehicle #1 flipped over onto its right side, rotated CCW and slid to the southeast corner to area of final rest. Vehicle #2 rotated CCW approximately 30° and stopped. Both vehicles were towed due to damage.

B. VEHICLE PROFILE(S)

| Vehicle No. | Class of Vehicle | Year/Make/Model | Most Severe Damage Based on Vehicle Inspection | | Component Failure |
|-------------|------------------|-----------------------------|--|----------------------|-------------------|
| | | | Damage Plane | Severity Description | |
| 1 | Passenger Van | 1978 Ford Econoline | Left | Severe | None |
| 2 | Compact | 1984 Ford Mustang 2 door | Front | Severe | None |

DO NOT SANITIZE THIS FORM

C. PERSON PROFILE(S)

| Vehicle No. | Person Role | Seat Position | Restraint Use | Most Severe Injury (TO BE COMPLETED BY ZONE CENTER) | | | |
|-------------|-------------|---------------|---------------|--|-------------|-----|---------------|
| | | | | Body Region | Injury Type | AIS | Injury Source |
| 1 | Driver | Front Left | None | HEAD | LACERATION | 1 | WINDSHIELD |
| 1 | Passenger | Front Right | Lap&Shoulder | NOT INJURED | | | |
| 1 | Passenger | 2nd Left | None | NOT INJURED | | | |
| 2 | Driver | Front Left | Lap&Shoulder | CHEST | CONTUSION | 1 | SEATBELT |

Body Region

Abdomen
 Ankle—foot
 Arm (upper)
 Back-thoracolumbar spine
 Brain
 Chest
 Ears
 Eye
 Elbow
 Face
 Forearm
 Head—skull
 Heart
 Kidneys
 Knee
 Leg (lower)
 Liver
 Lower limbs(s) (whole or unknown part)
 Mouth
 Neck—cervical spine
 Nose

Pelvic—hip
 Pulmonary—lungs
 Shoulder
 Spleen
 Thigh
 Thyroid, other endocrine gland
 Upper limb(s) (whole or unknown part)
 Vertebrae
 Whole body
 Wrist—hand

Injury Type

Abrasion
 Amputation
 Avulsion
 Burn
 Concussion
 Contusion
 Crush
 Detachment, separation
 Dislocation

Fracture
 Fracture and dislocation
 Laceration
 Other
 Perforation, puncture
 Rupture
 Sprain
 Strain
 Total severance, transection
 Unknown

Abbreviated Injury Scale

(1) Minor injury
 (2) Moderate injury
 (3) Serious injury
 (4) Severe injury
 (5) Critical injury
 (6) Maximum (untreatable)
 (7) Injured, unknown severity

DO NOT SANITIZE THIS FORM



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Administration

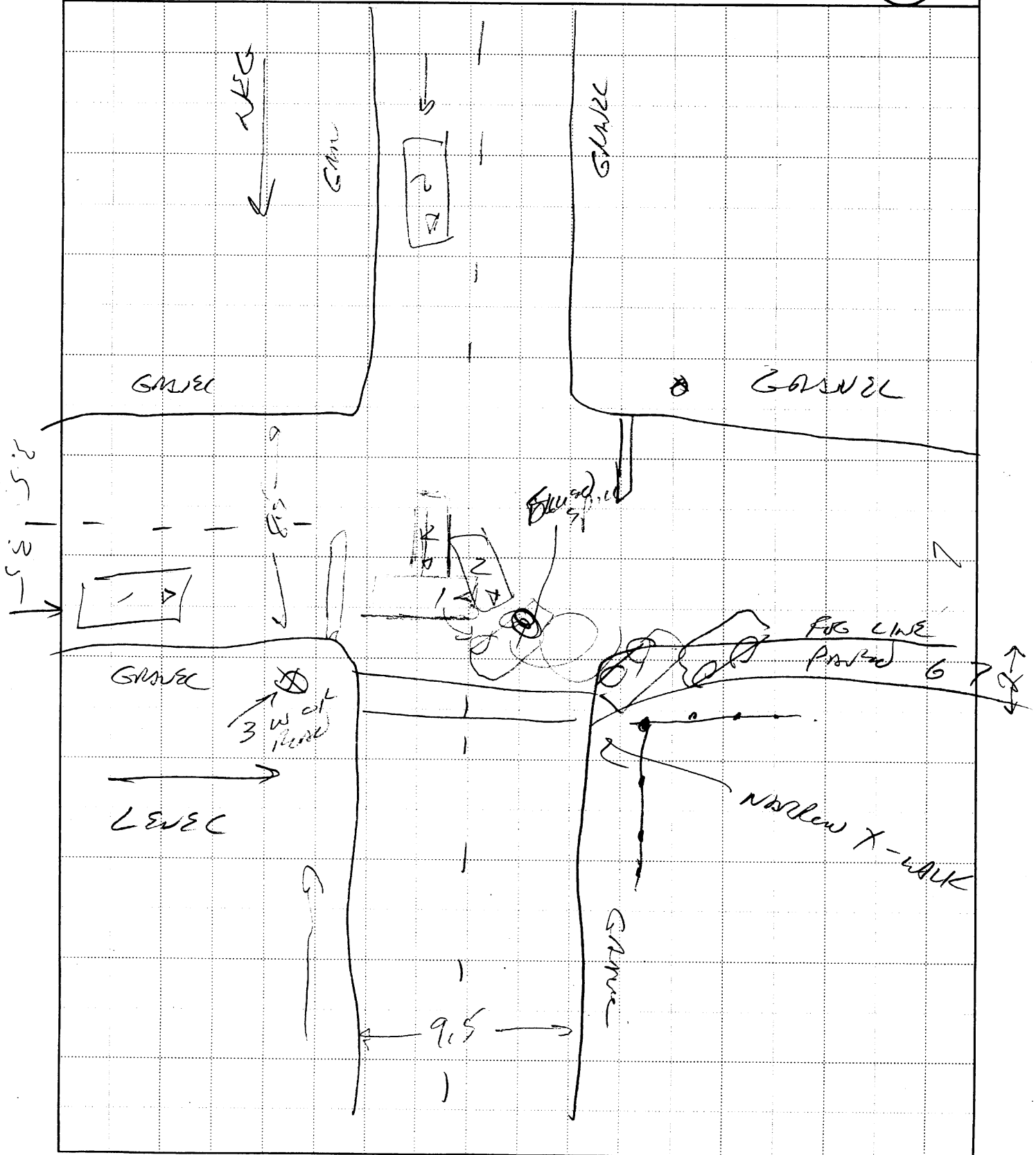
ACCIDENT COLLISION DIAGRAM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU No. 81

Case Number—Stratum 072 F

Indicate
North





U.S. Department of Transportation
National Highway Traffic Safety
Administration

ACCIDENT COLLISION DIAGRAM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU No. 81

Case Number—Stratum 072F

Indicate
North



SCALE 1 m = 1/250

NEG
GRADE

GRAVEL SHOULDER

STOP
SIGN

GRAVEL SHOULDER

STOP
SIGN

PAVED SHOULDER 2 m.

R.P. PFD CROSSING
SIGN POST

4.75 4.75



ACCIDENT COLLISION MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 81

Case Number—Stratum 072F

| ACCIDENT COLLISION DIAGRAM | | CRASH DATA |
|---|---|---|
| <p>LEVEL I PHYSICAL EVIDENCE ABSENT</p> <p>To be accomplished when there is no physical evidence present at the scene:</p> <ul style="list-style-type: none"> * approximate vehicle orientation at impact and final rest * applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, etc.) * applicable traffic controls (e.g., speed limit) * north arrow placed on diagram * sketch required | <p>LEVEL II (Cont'd) physical evidence is present:</p> <ul style="list-style-type: none"> * document reference point and reference line relative to physical features present at the scene * scaled documentation of all accident induced physical evidence * scaled documentation of all roadside objects contacted * roadway surface type and condition of applicable roadways * grade measurements for all applicable roadways and at location of rollover initiation * scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either: <ul style="list-style-type: none"> a) physical evidence, or b) reconstructed accident dynamics | <p>VEH. #1 VEH. #2 VEH. #3</p> <p>Heading Angle <u>090° 180°</u></p> <p>Surface Type <u>- Bituminous -</u></p> <p>Surface Condition <u>- Dry -</u></p> <p>Grade (v/h) Measurement (between impact and final rest) <u>LEVEL 186</u></p> <p>Grade (v/h) Measurement (at location of rollover initiation) <u>186 186</u></p> |
| <p>LEVEL II PHYSICAL EVIDENCE PRESENT</p> <p>In addition to the level I tasks noted above, the following must be accomplished when</p> | | |

Reference Point: Ped. CROSSING SIGN
POST E OF RL

Reference line: EAST Road Edge
OF 12TH SW

| Item | Distance and Direction from Reference Point | Distance and Direction from Reference Line |
|---------------------------------------|---|--|
| RL | 2.4 W | |
| RP | 8 M 50' OF S SIDE OF HIGHWAY | 2.4 E |
| Found spike from J2 1 M. IN DIAM. | 7.8 N | 2.5 W |
| Gouge MARK IN GRASS | 4.7 N | 6.2 E TRUCK |
| AT S/E CORNER - AREA OF FR FOR VEH #1 | 4.7 N | 9.3 E END |
| | | |
| SCRAP MARK W/ BEAM | 5.5 N | 0.7 W |
| " " " END | 5 N | 2.5 E |
| | | |
| | | |
| | | |

[illegible]



ACCIDENT FORM

1. Primary Sampling Unit Number 81

2. Case Number - Stratum 072F

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted 02

4. Date of Accident
(Month, Day, Year) 9 4

5. Time of Accident 0830

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. 0 SS15 Administrative Use

7. 0 SS16 Pedestrian Crash Data Study

8. 0 SS17 Impact Fires

9. 0 SS18

10. 0 SS19

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident 02

Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

| Accident Event Sequence Number | Vehicle Number | Class Of Vehicle | General Area of Damage | Vehicle Number or Object Contacted | Class Of Vehicle | General Area of Damage |
|--------------------------------------|-------------------|---------------------|------------------------------|--|---------------------|------------------------------|
| 12. <u>0</u> <u>1</u> | 13. <u>01</u> | 14. <u>13</u> | 15. <u>L</u> | 16. <u>02</u> | 17. <u>02</u> | 18. <u>F</u> |
| 19. <u>0</u> <u>2</u> | 20. <u>01</u> | 21. <u>13</u> | 22. <u>R</u> | 23. <u>31</u> | 24. <u>00</u> | 25. <u>N</u> |
| 26. <u>0</u> <u>3</u> | 27. <u> </u> | 28. <u> </u> | 29. <u> </u> | 30. <u> </u> | 31. <u> </u> | 32. <u> </u> |
| 33. <u>0</u> <u>4</u> | 34. <u> </u> | 35. <u> </u> | 36. <u> </u> | 37. <u> </u> | 38. <u> </u> | 39. <u> </u> |
| 40. <u>0</u> <u>5</u> | 41. <u> </u> | 42. <u> </u> | 43. <u> </u> | 44. <u> </u> | 45. <u> </u> | 46. <u> </u> |

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase ≥ 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 4,500 kgs GVWR)
- (13) Passenger van (≤ 4,500 kgs GVWR)
- (14) Other van (≤ 4,500 kgs GVWR)
- (15) Pickup truck (≤ 4,500 kgs GVWR)
- (18) Other truck (≤ 4,500 kgs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 4,500 kgs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

TDC APPLICABLE VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo area (rear of trailer or straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify): _____

- (35) Noncollision injury
- (38) Other noncollision (specify): _____

- (39) Noncollision — details unknown

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubby or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____

- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance

- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object

- (98) Other event (specify): _____

- (99) Unknown event or object

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle 03
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 03

24. Rollover 1
 (0) No rollover (no overturning)
- Rollover (primarily about the longitudinal axis)*
 (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):

- (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (9) Rollover (overturn), details unknown

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 1,780
 _____ Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
- _____, _____ lbs X .4536 = 1,781 kgs
- Source: [REDACTED]
20. Vehicle Cargo Weight 0,090
 _____ Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
- _____, 200 lbs X .4536 = 0,091 kgs

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 0
26. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact
- Override (see specific CDC)*
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

- Underride (see specific CDC)*
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override
 (9) Unknown

RECONSTRUCTION DATA

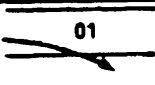
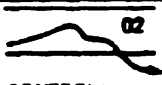
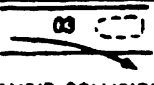
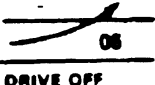



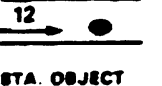

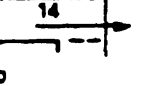

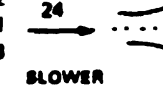

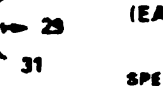
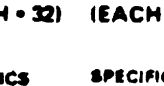

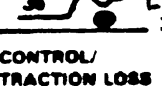
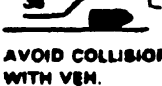
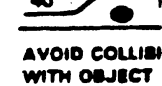
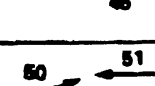
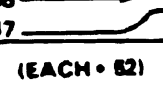
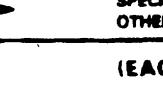
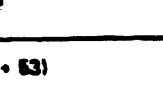
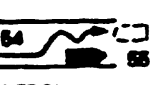
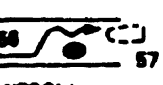



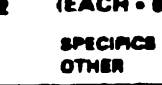

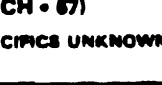
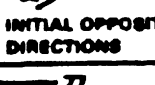
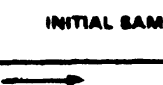
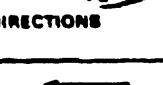
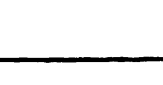
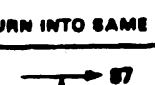
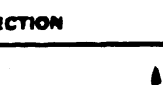
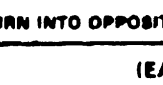
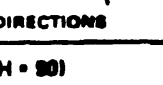
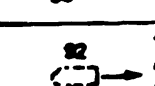
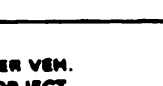
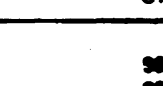
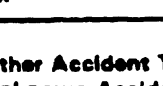
21. Towed Trailing Unit 0
 (0) No towed unit
 (1) Yes--towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data for This Vehicle 0
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted < 45 degrees
 (4) Tilted ≥ 45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):

- (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

27. Heading Angle For This Vehicle 090
28. Heading Angle For Other Vehicle 180

| Category | Configuration | ACCIDENT TYPES (Includes Intent) | | | | | |
|--|-------------------------------------|---|--|---|--|---|---|
| I Single Driver | A Right Roadside Departure |  01 DRIVE OFF ROAD |  02 CONTROL/ TRACTION LOSS |  03 AVOID COLLISION WITH VEH., PED., ANIM. | 04 SPECIFICS OTHER | 05 SPECIFICS UNKNOWN | |
| | B Left Roadside Departure |  06 DRIVE OFF ROAD |  07 CONTROL/ TRACTION LOSS |  08 AVOID COLLISION WITH VEH., PED., ANIM. | 09 SPECIFICS OTHER | 10 SPECIFICS UNKNOWN | |
| | C Forward Impact |  11 PARKED VEH. |  12 STA. OBJECT |  13 PEDESTRIAN/ ANIMAL |  14 END DEPARTURE | 15 SPECIFICS OTHER | 16 SPECIFICS UNKNOWN |
| II Same Trafficway Same Direction | D Rear-End |  20 STOPPED 21, 22, 23 |  21 SLOWER 26, 28, 27 |  22 DECEL. 28, 30, 31 |  23 SPECIFICS OTHER |  24 SPECIFICS UNKNOWN | |
| | E Forward Impact |  34 CONTROL/ TRACTION LOSS |  35 CONTROL/ TRACTION LOSS |  36 AVOID COLLISION WITH VEH. |  37 AVOID COLLISION WITH OBJECT | (EACH - 32) (EACH - 33) SPECIFICS OTHER | (EACH - 33) (EACH - 34) SPECIFICS UNKNOWN |
| | F Sideswipe Angle |  44 SPECIFICS OTHER |  45 SPECIFICS OTHER |  46 SPECIFICS OTHER |  47 SPECIFICS OTHER | (EACH - 48) SPECIFICS OTHER | (EACH - 49) SPECIFICS UNKNOWN |
| III Same Trafficway Opposite Direction | G Head-On |  50 LATERAL MOVE |  51 SPECIFICS OTHER |  52 SPECIFICS OTHER |  53 SPECIFICS OTHER | (EACH - 52) (EACH - 53) SPECIFICS UNKNOWN | |
| | H Forward Impact |  54 CONTROL/ TRACTION LOSS |  55 CONTROL/ TRACTION LOSS |  56 AVOID COLLISION WITH VEH. |  57 AVOID COLLISION WITH OBJECT | (EACH - 62) (EACH - 63) SPECIFICS OTHER | (EACH - 63) (EACH - 64) SPECIFICS UNKNOWN |
| | I Sideswipe Angle |  64 LATERAL MOVE |  65 SPECIFICS OTHER |  66 SPECIFICS OTHER |  67 SPECIFICS OTHER | (EACH - 66) (EACH - 67) SPECIFICS UNKNOWN | (EACH - 67) (EACH - 68) SPECIFICS UNKNOWN |
| IV Change Trafficway Vehicle Turning | J Turn Across Path |  68 INITIAL OPPOSITE DIRECTIONS |  69 INITIAL SAME DIRECTIONS |  70 SPECIFICS OTHER |  71 SPECIFICS OTHER | (EACH - 74) (EACH - 75) SPECIFICS UNKNOWN | |
| | K Turn Into Path |  72 TURN INTO SAME DIRECTION |  73 TURN INTO OPPOSITE DIRECTIONS |  74 SPECIFICS OTHER |  75 SPECIFICS OTHER | (EACH - 84) (EACH - 85) SPECIFICS UNKNOWN | (EACH - 85) (EACH - 86) SPECIFICS UNKNOWN |
| V Intersect- ing Paths (Vehicle Damage) | L Straight Paths | 86 SPECIFICS OTHER | 87 SPECIFICS OTHER | 88 SPECIFICS OTHER | 89 SPECIFICS OTHER | (EACH - 90) (EACH - 91) SPECIFICS UNKNOWN | |
| VI Miscel- laneous | M. Backing Etc. | 92 BACKING VEH. | 93 OTHER VEH. OR OBJECT | 94 Other Accident Type | 95 Unknown Accident Type | 96 No Impact | |

OTHER DATA

56. Driver's Zip Code

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify):
 (9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Fire truck or car
 (8) Other (specify):
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) \neq 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify):
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):
 (8) Non-contact rollover forces (specify):
 (9) Unknown

63. Direction of Initial Roll

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify):
 (98) No driver present
 (99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
- (33) Jackknife

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____

- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object

- (98) Other event (specify): _____

- (99) Unknown event or object

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

| | | | |
|---------------------------------|-------------|-------------------|-----------|
| 1. Primary Sampling Unit Number | <u>81</u> | 3. Vehicle Number | <u>01</u> |
| 2. Case Number - Stratum | <u>072F</u> | | |

VEHICLE IDENTIFICATION

VIN E154HCA6494 Model Year '78
Vehicle Make (specify): Ford Vehicle Model (specify): ENGINEER - VAN

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

| Specific Impact No. | Location of Direct Damage | Location of Field L |
|---------------------|---------------------------------|---------------------|
| 1 | STARTS 138 cm BEHIND LP AXLE | SAME |
| 2 | END TO END | SAME |

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

ORIGINAL SPECIFICATIONS WORK SHEET

| | | | | | | |
|--------------------------|--------------|--------|---------|---|--------------|----|
| Wheelbase | <u>138.0</u> | inches | x 2.54 | = | <u>351</u> | cm |
| Overall Length | <u>206.8</u> | inches | x 2.54 | = | <u>525</u> | cm |
| Maximum Width | <u>79.8</u> | inches | x 2.54 | = | <u>203</u> | cm |
| Curb Weight | <u>3,927</u> | pounds | x .4536 | = | <u>1,781</u> | kg |
| Average Track | — — — | inches | x 2.54 | = | — — — | cm |
| Front Overhang | <u>25.0</u> | inches | x 2.54 | = | <u>64</u> | cm |
| Rear Overhang | <u>43.8</u> | inches | x 2.54 | = | <u>111</u> | cm |
| Undeformed End Width | — — — | inches | x 2.54 | = | — — — | cm |
| Engine Size: cyl./displ. | <u>V-8</u> | cc | x .001 | = | — — — | L |
| | <u>357</u> | CID | x .0164 | = | <u>5.8</u> | L |

6 cyl - 4.9L
 V-8 - 5.8L - 351
 " 7.5L 460
 "

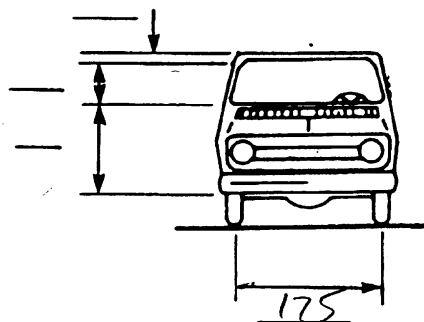
WB - 124 OAL - 186.8
 " 13.8 " 206.8
 Super WB 226.8
 138



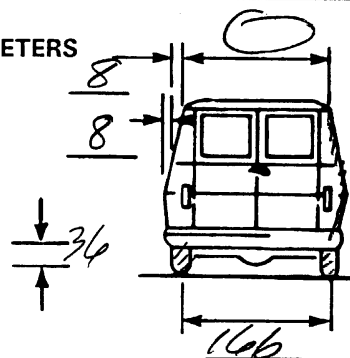
VEHICLE DAMAGE SKETCH

| | | | | |
|---|--|---|--|---|
| TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk. | | ORIGINAL SPECIFICATIONS Wheelbase <u>351</u> cm Overall Length <u>5.25</u> cm Maximum Width <u>203</u> cm Curb Weight <u>TRUCK INDEX 1781</u> kg Average Track _____ cm Front Overhang <u>64</u> cm Rear Overhang <u>111</u> cm Undeformed End Width _____ cm Engine Size: cyl./displ. <u>V-8 5.8</u> L | | WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF \pm _____ ° LF \pm _____ ° RR \pm _____ ° LR \pm _____ ° Within \pm 5 degrees |
| TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | | DRIVE WHEELS <input type="checkbox"/> FWD <input checked="" type="checkbox"/> RWD <input type="checkbox"/> 4WD | | |
| | | Approximate Cargo Weight <u>090</u> kg <i>ESTIMATED</i> | | |

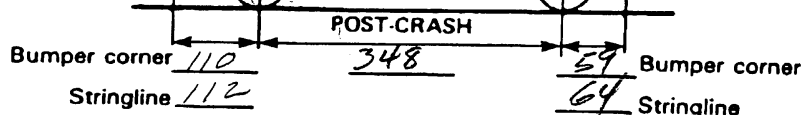
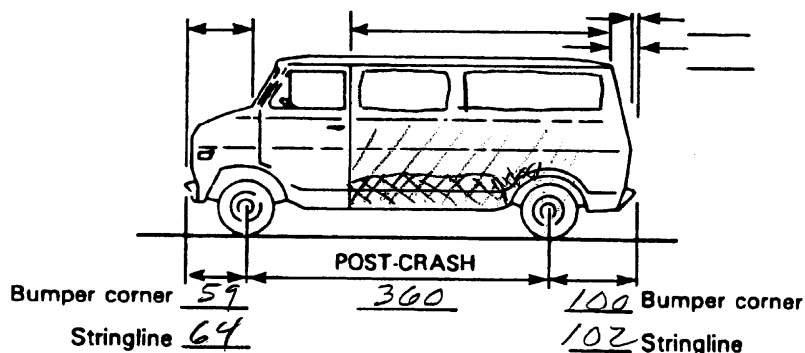
MEASUREMENTS IN CENTIMETERS



44
Original
Bumper height



28.5
D-95
VPS-175.5



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

| Accident Event Sequence Number | Object Contacted | (1) (2) Direction of Force | (3) Deformation Location | (4) Longitudinal or Lateral Location | (5) Vertical or Lateral Location | (6) Type of Damage Distribution | (7) Deformation Extent |
|---|---------------------|----------------------------------|--------------------------------|---|---|--|------------------------------|
| 4. <u>01</u> | 5. <u>02</u> | 6. <u>11</u> | 7. <u>L</u> | 8. <u>B</u> <u>P</u> | 9. <u>E</u> | 10. <u>W</u> | 11. <u>03</u> |

Second Highest Delta "V"

| | | | | | | | |
|---------------|---------------|---------------|--------------|--------------|--------------|--------------|---------------|
| 12. <u>02</u> | 13. <u>31</u> | 14. <u>00</u> | 15. <u>R</u> | 16. <u>D</u> | 17. <u>A</u> | 18. <u>0</u> | 19. <u>01</u> |
|---------------|---------------|---------------|--------------|--------------|--------------|--------------|---------------|

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

| 20. L | 21. C ₁ | C ₂ | C ₃ | C ₄ | C ₅ | C ₆ | 22. ± D |
|------------|-----------------------|----------------|----------------|----------------|----------------|----------------|-------------|
| <u>259</u> | <u>000</u> | <u>002</u> | <u>028</u> | <u>031</u> | <u>026</u> | <u>004</u> | <u>+058</u> |

Second Highest Delta "V"

| 23. L | 24. C ₁ | C ₂ | C ₃ | C ₄ | C ₅ | C ₆ | 25. ± D |
|----------|-----------------------|----------------|----------------|----------------|----------------|----------------|------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

26. Are CDCs Documented but Not Coded on The Automated File?
(0) No
(1) Yes

0

27. Researcher's Assessment of Vehicle Disposition
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

1

28. Original Wheelbase _____ Code to the nearest centimeter
(999) Unknown

351

_____ inches X 2.54 = _____ centimeters

| | |
|---|---|
| <p>29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? <u>0</u></p> <p>(0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): _____</p> <p>_____ (Include photograph of CERTIFICATION PLACARD in case report)</p> <p>(9) Unknown if vehicle is modified</p> | <p>34. Fuel Tank-1 Location <u>5</u></p> |
| <p>30. Fire Occurrence <u>0</u></p> <p>(0) No fire</p> <p>Yes, fire occurred</p> <p>(1) Minor (2) Major (9) Unknown</p> | <p>35. Fuel Tank-2 Location <u>1</u></p> <p>(0) No fuel tank (1) Aft of center of the rear wheels (rear axle) centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle) right side (4) Forward of center of the rear wheels (rear axle) centered (5) Forward of center of the rear wheels (rear axle) left side (6) Forward of center of the rear wheels (rear axle) right side (7) Over center of the rear wheels (rear axle) (8) Other (specify): _____ (9) Unknown</p> |
| <p>31. Origin of Fire <u>0</u></p> <p>(0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): _____ (9) Unknown</p> | <p>36. Fuel Tank-1 Filler Cap Location <u>4</u></p> |
| <p>32. Type of Fuel Tank-1 <u>1</u></p> | <p>37. Fuel Tank-2 Filler Cap Location <u>2</u></p> <p>(0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane (7) Over the center of the rear wheels (rear axle) on right side plane (8) Other (specify): _____ (9) Unknown</p> |
| <p>33. Type of Fuel Tank-2 <u>1</u></p> <p>(0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown</p> | <p>38. Fuel Tank-1 Damage <u>1</u></p> |
| | <p>39. Fuel Tank-2 Damage <u>1</u></p> <p>(0) No fuel tank (1) No damage to fuel tank (2) Deformed, no seam failure (3) Deformed, with a seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped) (7) Filler neck separation from the fuel tank (8) Other damage (specify): _____ (9) Unknown</p> |

40. Location of Fuel System-1 Leakage

1

41. Location of Fuel System-2 Leakage

1

(0) No fuel tank

(1) No fuel leakage

Primary Area Of Leakage

(2) Tank

(3) Filler neck

(4) Cap

(5) Lines/pump/filter

(6) Vent/emission recovery

(8) Other (specify): _____

(9) Unknown

42. Fuel Type-1

01

43. Fuel Type-2

01*Single Fuel Type*

(00) No fuel tank

(01) Gasoline

(02) Diesel

(03) CNG (Compressed Natural Gas)

(04) LPG (Liquid Petroleum Gas) also known as Propane

(05) LNG (Liquid Natural Gas)

(06) Methanol (M100 or M85)

(07) Ethanol (E100 or E85)

(08) Other (Hydrogen or others) (specify): _____

Electric Powered or Electric/Solar Powered Vehicles

(10) Lead Acid Battery

(11) Nickel-Iron Battery

(12) Nickel-Cadmium Battery

(13) Sodium Metal Chloride Battery

(14) Sodium Sulfur Battery

(18) Other (Specify): _____

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

44. Is This Vehicle Equipped With More Than Two Fuel Tanks?

0

(0) No (one or two tanks only)

Yes - More Than Two Tanks(1) Yes -- no damage to any tank or filler cap and no fuel system leakage(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):

Type of tank _____

Tank location _____

Filler cap location _____

Tank damage _____

Location of leakage _____

Type of fuel _____

(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
 (I.E., GV09 = 0 OR 9 AND GV36 = 0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 81

2. Case Number - Stratum 072F

3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 00

(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 3 7. LR 0 8. RR 3 9. TG/H 1

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 \neq 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

- (0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 2 16. LF 0 17. RF 0 18. LR 0 19. RR 0
20. BL 0 21. Roof 8 22. Other 0

- (0) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (8) No glazing
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 2 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

- (0) No occupant contact to glazing or no glazing
- (1) Glazing contacted by occupant but no glazing damage
- (2) Glazing in place and cracked by occupant contact
- (3) Glazing in place and holed by occupant contact
- (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (5) Glazing out-of-place by occupant contact and holed by occupant contact
- (6) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

If No Glazing Damage **And** No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 0 33. RF 0 34. LR 0 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

- (0) No glazing contact and no damage, or no glazing
- (1) AS-1 - Laminated
- (2) AS-2 - Tempered
- (3) AS-3 - Tempered-tinted
- (4) AS-14 - Glass/Plastic
- (8) Other (specify):

(9) Unknown

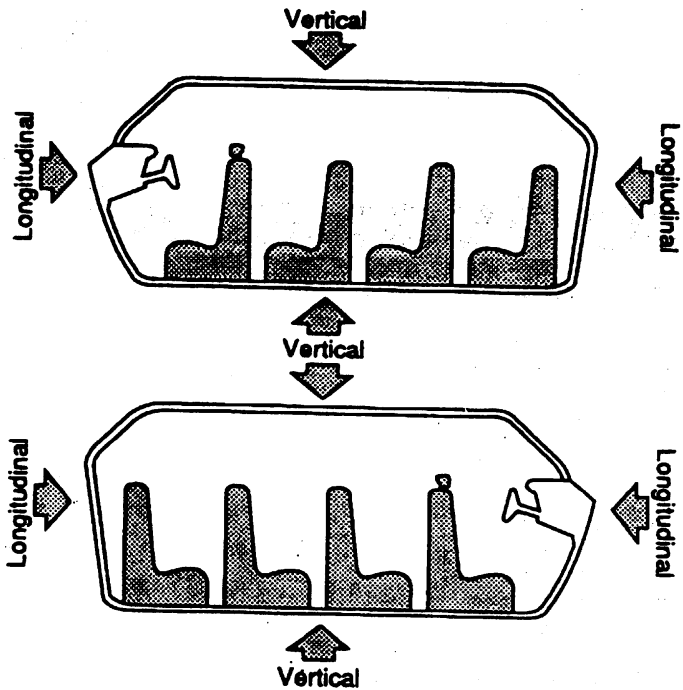
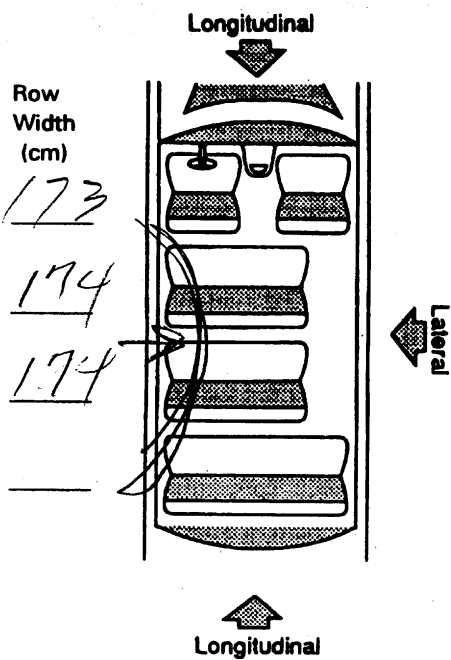
Window Precrash Glazing Status

39. WS 1 40. LF 0 41. RF 0 42. LR 0 43. RR 0
44. BL 0 45. Roof 0 46. Other 0

- (0) No glazing contact and no damage, or no glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (9) Unknown

INTRUSION WORKSHEET

Note: Sketch intruded areas



| LOCATION OF INTRUSION | INTRUDED COMPONENT | (All Measurements Are In Centimeters) | | | | DOMINANT CRUSH DIRECTION |
|-----------------------|--------------------|---------------------------------------|---|----------------|-------------|--------------------------|
| | | COMPARISON VALUE | — | INTRUDED VALUE | = INTRUSION | |
| 21 | SIDE PANEL | 92 | — | 78 | = 14 | LAT |
| 31 | " " | 92 | — | 88 | = 4 | " |
| | | | — | | = | |
| | | | — | | = | |
| | | | — | | = | |
| | | | — | | = | |
| | | | — | | = | |
| | | | — | | = | |
| | | | — | | = | |
| | | | — | | = | |
| | | | — | | = | |
| | | | — | | = | |
| | | | — | | = | |
| | | | — | | = | |
| | | | — | | = | |

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

| | Location of Intrusion | Intruding Component | Magnitude of Intrusion | Dominant Crush Direction |
|------|-----------------------------|---------------------|------------------------|--------------------------|
| 1st | 47. ⁹⁸ <u>31</u> | 48. <u>28</u> | 49. <u>2</u> | 50. <u>3</u> |
| 2nd | 51. <u>21</u> | 52. <u>28</u> | 53. <u>1</u> | 54. <u>3</u> |
| 3rd | 55. _____ | 56. _____ | 57. _____ | 58. _____ |
| 4th | 59. _____ | 60. _____ | 61. _____ | 62. _____ |
| 5th | 63. _____ | 64. _____ | 65. _____ | 66. _____ |
| 6th | 67. _____ | 68. _____ | 69. _____ | 70. _____ |
| 7th | 71. _____ | 72. _____ | 73. _____ | 74. _____ |
| 8th | 75. _____ | 76. _____ | 77. _____ | 78. _____ |
| 9th | 79. _____ | 80. _____ | 81. _____ | 82. _____ |
| 10th | 83. _____ | 84. _____ | 85. _____ | 86. _____ |

LOCATION OF INTRUSION

Front Seat

- (11) Left
(12) Middle
(13) Right

Second Seat

- (21) Left
(22) Middle
(23) Right

Third Seat

- (31) Left
(32) Middle
(33) Right

Fourth Seat

- (41) Left
(42) Middle
(43) Right

- (97) Catastrophic
(98) Other enclosed area (specify)
CARGO AREA

- (99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
(02) Instrument panel left
(03) Instrument panel center
(04) Instrument panel right
(05) Toe pan
(06) A (A1/A2)-pillar
(07) B-pillar
(08) C-pillar
(09) D-pillar
(10) Door panel (side)
(12) Roof (or convertible top)
(13) Roof side rail
(14) Windshield
(15) Windshield header
(16) Window frame
(17) Floor pan (includes sill)
(18) Backlight header
(19) Front seat back
(20) Second seat back
(21) Third seat back
(22) Fourth seat back
(23) Fifth seat back
(24) Seat cushion
(25) Back door/panel (e.g., tailgate)
(26) Other interior component (specify): _____

- (27) Side panel - forward of the A (A2)-pillar
(28) Side panel - rear of the A (A2)-pillar

Exterior Components

- (30) Hood
(31) Outside surface of this vehicle (specify): _____
(32) Other exterior object in the environment (specify): _____
(33) Unknown exterior object
(97) Catastrophic
(98) Intrusion of unlisted component(s) (specify): _____
(99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
(2) ≥ 8 centimeters but < 15 centimeters
(3) ≥ 15 centimeters but < 30 centimeters
(4) ≥ 30 centimeters but < 46 centimeters
(5) ≥ 46 centimeters but < 61 centimeters
(6) ≥ 61 centimeters
(7) Catastrophic
(9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
(2) Longitudinal
(3) Lateral
(7) Catastrophic
(9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

$$\text{COMPARISON VALUE} - \text{DAMAGE VALUE} = \text{DEFORMATION}$$

STEERING COLUMN

87. Steering Column Type

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown

88. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X

89. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X X

90. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X X

91. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X X

92. Steering Rim/Spoke Deformation

- Code actual measured deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

00

93. Location of Steering Rim/Spoke Deformation

(00) No steering rim deformation

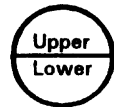
Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D



Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

INSTRUMENT PANEL

94. Odometer Reading

999,000 kilometers—Code to the nearest 1,000 kilometers

- (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

84,860 miles X 1.6093 = _____ kilometers

Source: INSPECTION

95. Instrument Panel Damage from Occupant Contact?

- (0) No
 (1) Yes
 (9) Unknown

0

96. Knee Bolsters Deformed from Occupant Contact?

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

8

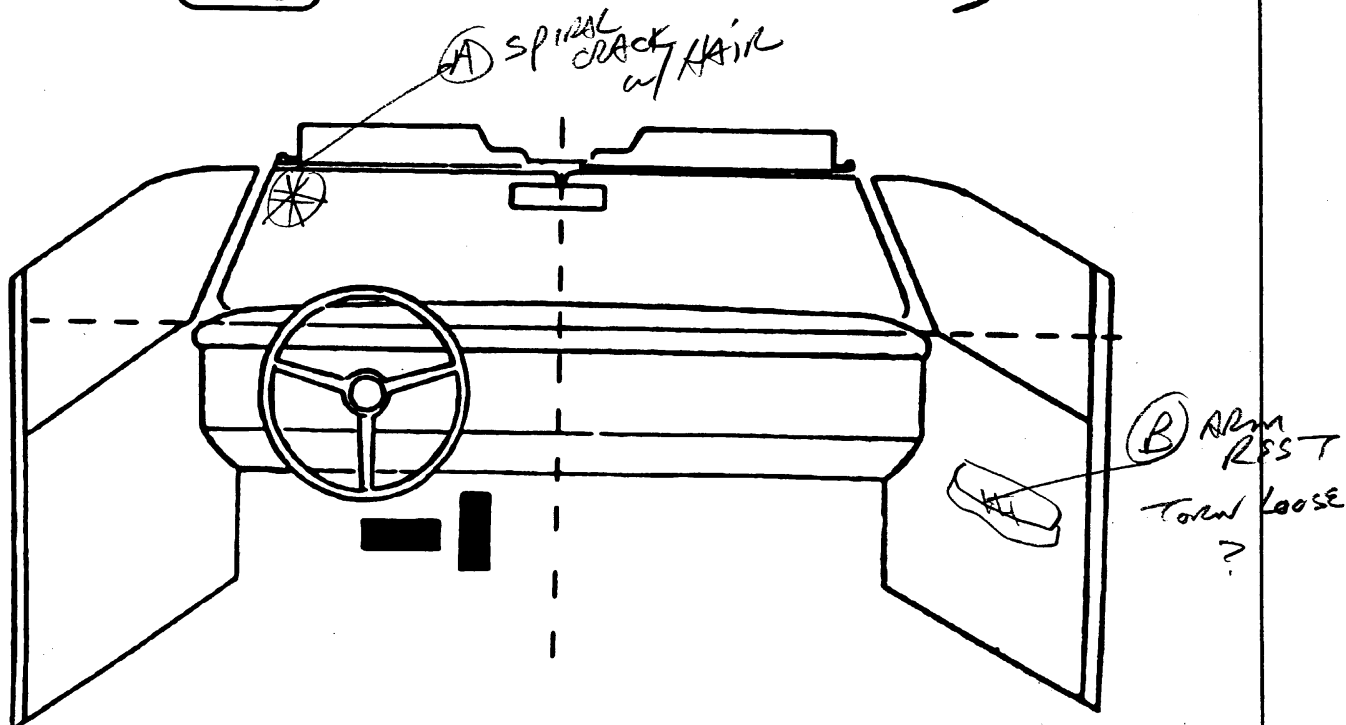
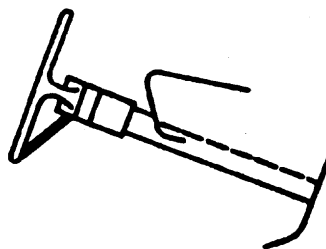
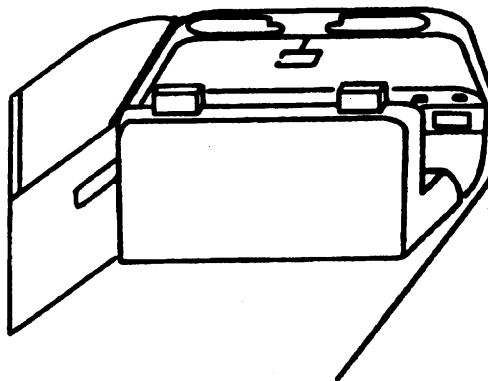
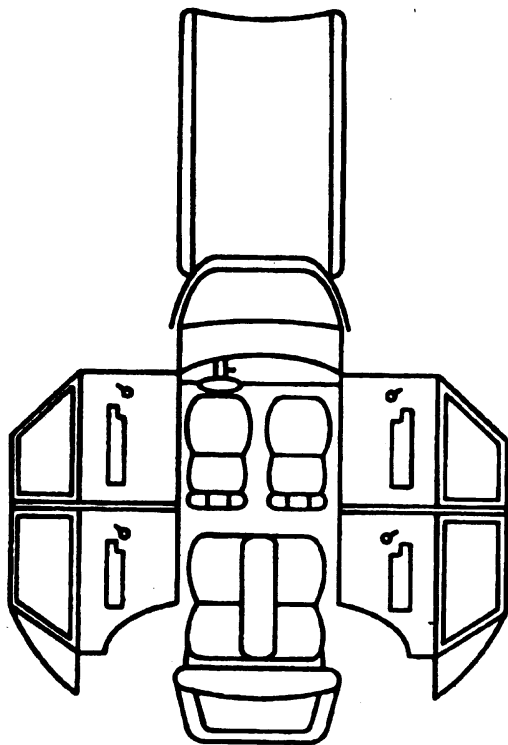
97. Did Glove Compartment Door Open During Collision(s)?

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

8

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

| Contact | Interior Component Contacted | Occupant No. If Known | Body Region If Known | Supporting Physical Evidence | Confidence Level of Contact Point |
|---------|------------------------------|-----------------------|----------------------|------------------------------|-----------------------------------|
| A | 01 | 1 | Head | SPINAC CRACK | 1 |
| B | 31 | 2 | ? | TORN LOOSE | 2 |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |
| G | | | | | |
| H | | | | | |
| I | | | | | |
| J | | | | | |
| K | | | | | |
| L | | | | | |
| M | | | | | |
| N | | | | | |

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

- (46) Other occupants (specify): _____

- (47) Interior loose objects
- (48) Child safety seat (specify): _____

- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

| | | Left | Right |
|-----------------------|-----------------------|------|-------|
| F I R S T | Availability/Function | | |
| | Deployment | | |
| | Failure | | |

Air Bag System Availability/Function

- (0) Not equipped/not available
(1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled

- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available

- (1) Air bag deployed during accident (as a result of impact)

- (2) Air bag deployed inadvertently just prior to accident

- (3) Air bag deployed, accident sequence undetermined

- (4) Nondeployed

- (5) Unknown if deployed

- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

- (9) Unknown

Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available

- (1) No

- (2) Yes (specify): _____

- (9) Unknown

AUTOMATIC BELTS

| | | Left | Right |
|-----------------------|-----------------------|------|-------|
| F I R S T | Availability/Function | | |
| | Use | | |
| | Type | | |
| | Proper Use | | |
| | Failure Modes | | |

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative

- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative

- (1) Automatic belt in use

- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)

- (3) Automatic belt use unknown

- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available

- (1) Non-motorized system

- (2) Motorized system

- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used

- (1) Automatic belt used properly

- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm

- (4) Automatic shoulder belt worn behind back

- (5) Automatic belt worn around more than one person

- (6) Lap portion of automatic belt worn on abdomen

- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____

- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use

- (1) No automatic belt failure(s)

- (2) Torn webbing (stretched webbing not included)

- (3) Broken buckle or latchplate

- (4) Upper anchorage separated

- (5) Other anchorage separated (specify): _____

- (6) Broken retractor

- (7) Combination of above (specify): _____

- (8) Other automatic belt failure (specify): _____

- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

| | | Left | Center | Right |
|--------|---------------------|------|--------|-------|
| FIRST | Availability | 4 | 0 | 4 |
| | Evidence of usage | 00 | 00 | 00 |
| | Used in this crash? | NO | 0 | YES |
| | Proper Use | 0 | 0 | 1 |
| | Failure Modes | 1 | 0 | 1 |
| SECOND | Availability | 0 | X | 0 |
| | Evidence of usage | 00 | | 00 |
| | Used in this crash? | NO | | NO |
| | Proper Use | 0 | | 0 |
| | Failure Modes | 0 | | 0 |
| OTHER | Availability | | X | |
| | Evidence of usage | | | |
| | Used in this crash? | | | |
| | Proper Use | | | |
| | Failure Modes | | | |

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used - type unknown

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat - type unknown

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

| | | | | | | |
|------------------------------------|--|--|--|--|--|--|
| Occupant Number | | | | | | |
| 1. Type of Child Safety Seat | | | | | | |
| 2. Child Safety Seat Orientation | | | | | | |
| 3. Child Safety Seat Harness Usage | | | | | | |
| 4. Child Safety Seat Shield Usage | | | | | | |
| 5. Child Safety Seat Tether Usage | | | | | | |
| 6. Child Safety Seat Make/Model | Specify Below for Each Child Safety Seat | | | | | |

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): _____
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): _____
- (09) Unknown orientation
- Designed for Forward Facing for This Age/Weight
- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____
- (19) Unknown orientation
- Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____
- (29) Unknown orientation
- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

| | | Left | Center | Right |
|----------------------------|----------------------------|------|--------|-------|
| F I R S T | Head Restraint Type/Damage | 1 | 0 | 1 |
| | Seat Type | 10 | 00 | 10 |
| | Seat Performance | 1 | 0 | 1 |
| | Seat Orientation | 1 | 0 | 1 |
| S E C O N D | Head Restraint Type/Damage | 0 | 0 | 0 |
| | Seat Type | 09 | 00 | 09 |
| | Seat Performance | 1 | 0 | 1 |
| | Seat Orientation | 1 | 0 | 1 |
| T H I R D | Head Restraint Type/Damage | | | |
| | Seat Type | | | |
| | Seat Performance | | | |
| | Seat Orientation | | | |
| O T H E R | Head Restraint Type/Damage | | | |
| | Seat Type | | | |
| | Seat Performance | | | |
| | Seat Orientation | | | |

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: _____

(9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): BOLT IN AFTERMKT CHAIRS

- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

(9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

NO RESTRAINTS

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [☒] Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

| | | | | | | |
|--|--|--|--|--|--|--|
| Occupant Number | | | | | | |
| Ejection | | | | | | |
| (Note on Vehicle Interior Sketch) Ejection Area | | | | | | |
| Ejection Medium | | | | | | |
| Medium Status | | | | | | |

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown**Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown**Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No [☒] Yes []

Describe entrapment mechanism:

Component(s):

(Note in vehicle interior diagram)



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 81

2. Case Number - Stratum 072F

3. Vehicle Number 01

4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 19

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 2

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height 168

Code actual height to the nearest
centimeter.

(999) Unknown

66 inches X 2.54 = 168 centimeters

8. Occupant's Weight 059

Code actual weight to the nearest
kilogram.

(999) Unknown

130 pounds X .4536 = 059 kilograms

9. Occupant's Role 1

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture 0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm _____

(4) Shoulder belt worn behind back or seat _____

(5) Belt worn around more than one person _____

(6) Lap belt worn on abdomen _____

(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment 0

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 0

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position 1

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position) 10

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

(998) Unknown make/model
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat 0
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

(8) Unknown child safety seat type
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00
 (00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00

Note: Options below applicable to
 Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
 added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market
 harness/shield/tether added
 (09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES**34. Injury Severity (Police Rating)** 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

37. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER****39. Time to Death** 00

- _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 00**41. 2nd Medically Reported Cause of Death** 00**42. 3rd Medically Reported Cause of Death** 00

- _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant 10

- 10 Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function**

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
 (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of automatic belt system (specify):
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):
 (9) Unknown

49. Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
 [] Vehicle inspection
 [] Official injury data
 [] Driver/occupant interview
 [] Other (specify):

[] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [✓]

YES []

UPDATE CANDIDATE?

NO []

YES [✓]

**STOP - VARIABLES 50 THROUGH 53 ARE
COMPLETED BY THE ZONE CENTER****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 0 2
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the
initial GCS Score recorded at medical
facility.
(97) Injured, details unknown
(99) Unknown if injured
51. Was the Occupant Given Blood? 1
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO_3 0 1
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed
or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

81

3. Vehicle Number

01

2. Case Number - Stratum

072F

4. Occupant Number

01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

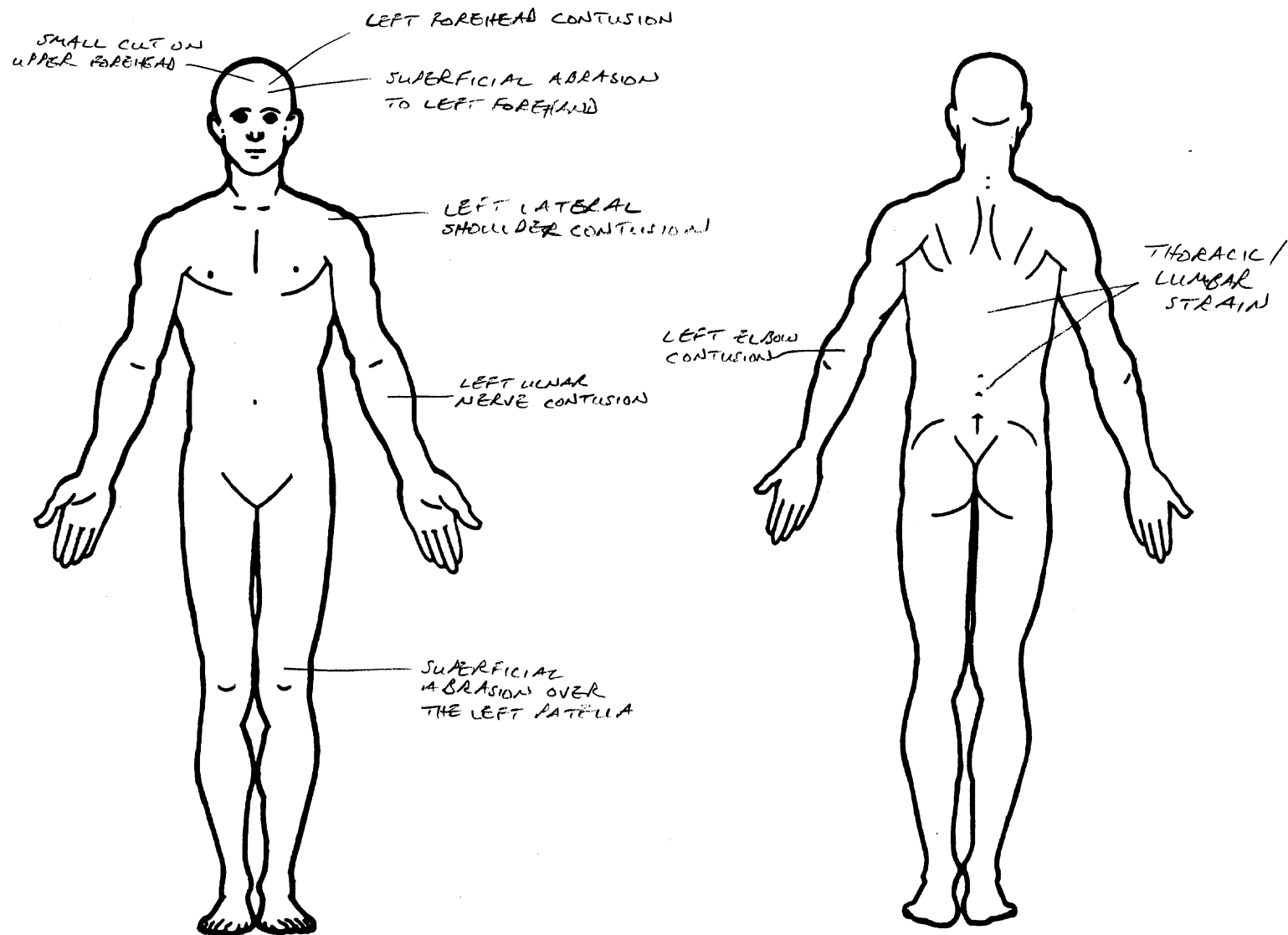
| | Source of Injury Data | Body Region | Type of Anatomic Structure | Specific Anatomic Structure | Level of Injury | A.I.S. Severity | Aspect | Injury Source | Injury Source Confidence Level | Direct/ Indirect Injury | Occupant Area Intrusion Number |
|------|-----------------------------|----------------|----------------------------------|-----------------------------------|--------------------|--------------------|---------------|------------------|---|-------------------------------|---|
| 1st | 5. <u>3</u> | 6. <u>7</u> | 7. <u>3</u> | 8. <u>04</u> | 9. <u>10</u> | 10. <u>1</u> | 11. <u>2</u> | 12. <u>28</u> | 13. <u>1</u> | 14. <u>1</u> | 15. <u>00</u> |
| 2nd | 16. <u>3</u> | 17. <u>2</u> | 18. <u>9</u> | 19. <u>02</u> | 20. <u>02</u> | 21. <u>1</u> | 22. <u>7</u> | 23. <u>01</u> | 24. <u>1</u> | 25. <u>1</u> | 26. <u>00</u> |
| 3rd | 27. <u>3</u> | 28. <u>2</u> | 29. <u>9</u> | 30. <u>04</u> | 31. <u>02</u> | 32. <u>1</u> | 33. <u>7</u> | 34. <u>01</u> | 35. <u>1</u> | 36. <u>1</u> | 37. <u>00</u> |
| 4th | 38. <u>3</u> | 39. <u>2</u> | 40. <u>9</u> | 41. <u>06</u> | 42. <u>02</u> | 43. <u>1</u> | 44. <u>7</u> | 45. <u>01</u> | 46. <u>1</u> | 47. <u>1</u> | 48. <u>00</u> |
| 5th | 49. <u>3</u> | 50. <u>6</u> | 51. <u>4</u> | 52. <u>04</u> | 53. <u>78</u> | 54. <u>1</u> | 55. <u>7</u> | 56. <u>97</u> | 57. <u>9</u> | 58. <u>7</u> | 59. <u>00</u> |
| 6th | 60. <u>3</u> | 61. <u>6</u> | 62. <u>4</u> | 63. <u>06</u> | 64. <u>78</u> | 65. <u>1</u> | 66. <u>8</u> | 67. <u>97</u> | 68. <u>9</u> | 69. <u>7</u> | 70. <u>00</u> |
| 7th | 71. <u>3</u> | 72. <u>7</u> | 73. <u>9</u> | 74. <u>04</u> | 75. <u>02</u> | 76. <u>1</u> | 77. <u>2</u> | 78. <u>22</u> | 79. <u>1</u> | 80. <u>1</u> | 81. <u>00</u> |
| 8th | 82. <u>3</u> | 83. <u>8</u> | 84. <u>9</u> | 85. <u>02</u> | 86. <u>02</u> | 87. <u>1</u> | 88. <u>2</u> | 89. <u>04</u> | 90. <u>2</u> | 91. <u>1</u> | 92. <u>00</u> |
| 9th | 93. <u>3</u> | 94. <u>7</u> | 95. <u>9</u> | 96. <u>04</u> | 97. <u>02</u> | 98. <u>1</u> | 99. <u>2</u> | 100. <u>28</u> | 101. <u>1</u> | 102. <u>1</u> | 103. <u>00</u> |
| 10th | 104. <u>7</u> | 105. <u>7</u> | 106. <u>9</u> | 107. <u>04</u> | 108. <u>02</u> | 109. <u>1</u> | 110. <u>1</u> | 111. <u>04</u> | 112. <u>3</u> | 113. <u>1</u> | 114. <u>00</u> |

OCCUPANT INJURY DATA

| | Source of Injury Data | A.I.S. - 90 | | | | | Aspect | Injury Source | Injury Source Confidence Level | Direct/ Indirect Injury | Occupant Area Intrusion Number |
|------|-----------------------|-------------|----------------------------|-----------------------------|-----------------|-----------------|--------|---------------|--------------------------------|-------------------------|--------------------------------|
| | | Body Region | Type of Anatomic Structure | Specific Anatomic Structure | Level of Injury | A.I.S. Severity | | | | | |
| 11th | — | — | — | — — — | — — — | — | — | — — — | — | — | — — — |
| 12th | — | — | — | — — — | — — — | — | — | — — — | — | — | — — — |
| 13th | — | — | — | — — — | — — — | — | — | — — — | — | — | — — — |
| 14th | — | — | — | — — — | — — — | — | — | — — — | — | — | — — — |
| 15th | — | — | — | — — — | — — — | — | — | — — — | — | — | — — — |
| 16th | — | — | — | — — — | — — — | — | — | — — — | — | — | — — — |
| 17th | — | — | — | — — — | — — — | — | — | — — — | — | — | — — — |
| 18th | — | — | — | — — — | — — — | — | — | — — — | — | — | — — — |
| 19th | — | — | — | — — — | — — — | — | — | — — — | — | — | — — — |
| 20th | — | — | — | — — — | — — — | — | — | — — — | — | — | — — — |
| 21st | — | — | — | — — — | — — — | — | — | — — — | — | — | — — — |
| 22nd | — | — | — | — — — | — — — | — | — | — — — | — | — | — — — |
| 23rd | — | — | — | — — — | — — — | — | — | — — — | — | — | — — — |
| 24th | — | — | — | — — — | — — — | — | — | — — — | — | — | — — — |
| 25th | — | — | — | — — — | — — — | — | — | — — — | — | — | — — — |

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA

OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____

- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____
- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION

Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure

Whole Area

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☒ No

☐ Yes

Blood Alcohol
Level (mg/dl)

BAL = ____

Glasgow Coma
Scale Score

GCSS = ____

Units of Blood
Given

Units = ____

Arterial Blood
Gases

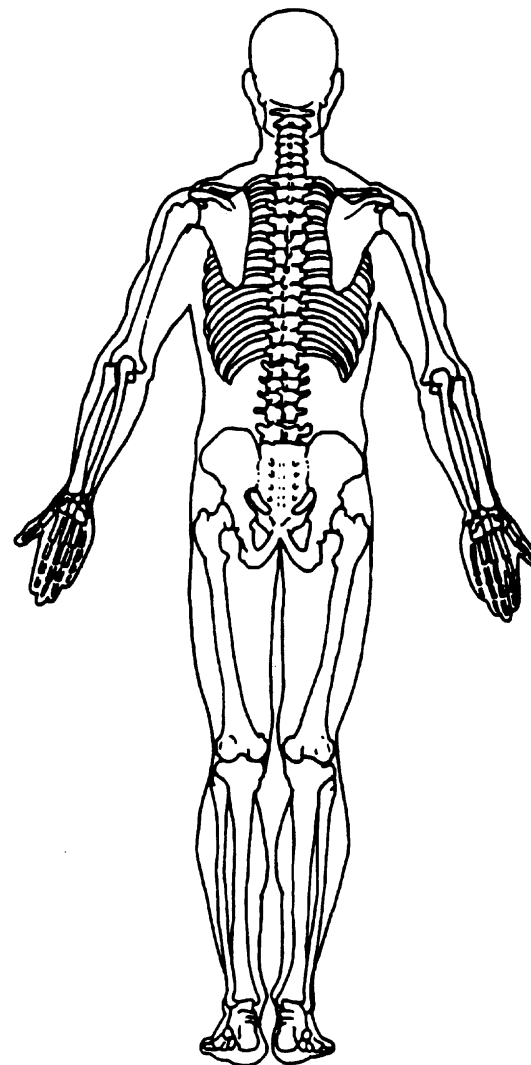
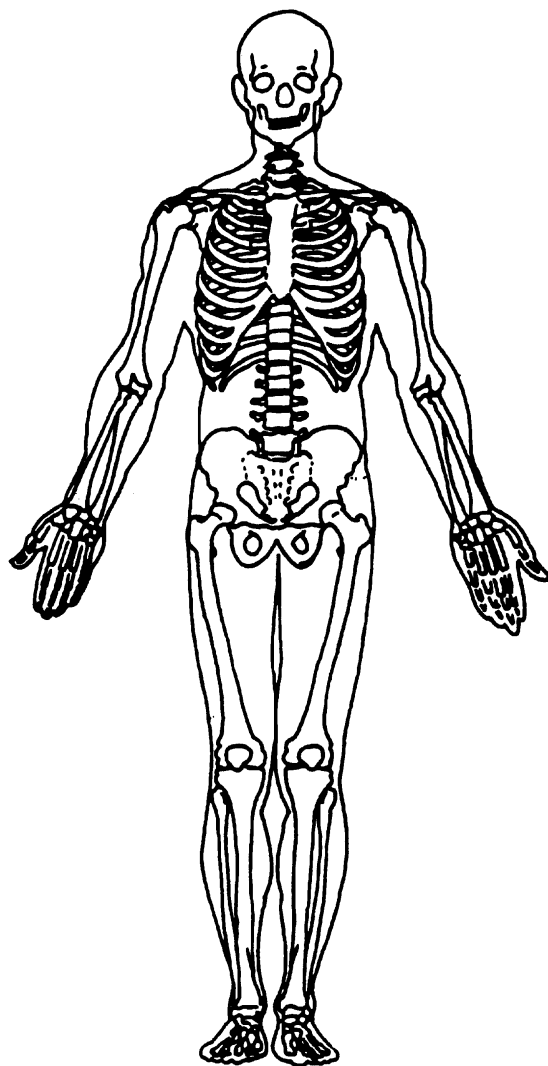
pH = ____

PO₂ = ____

PCO₂ ____

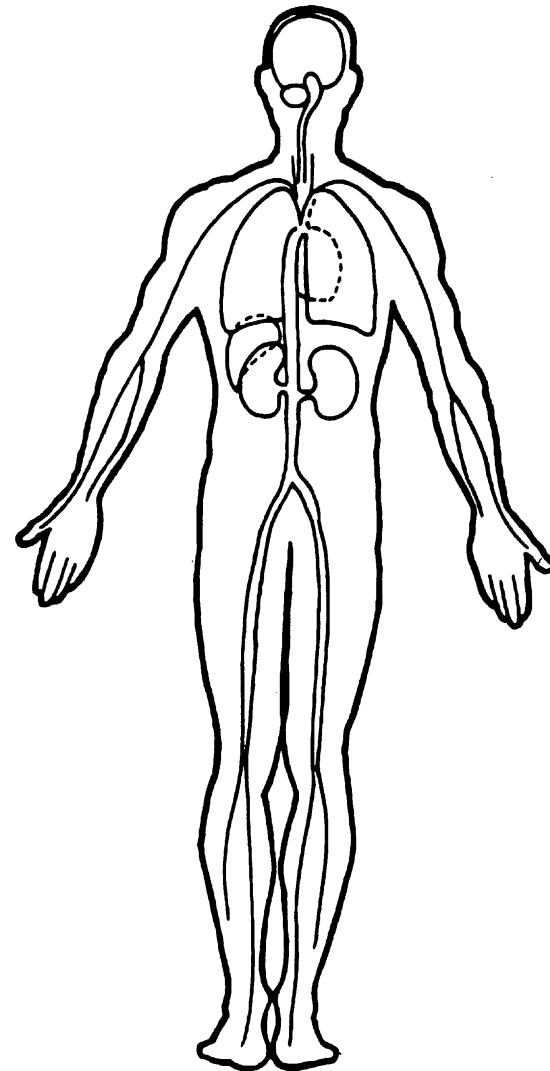
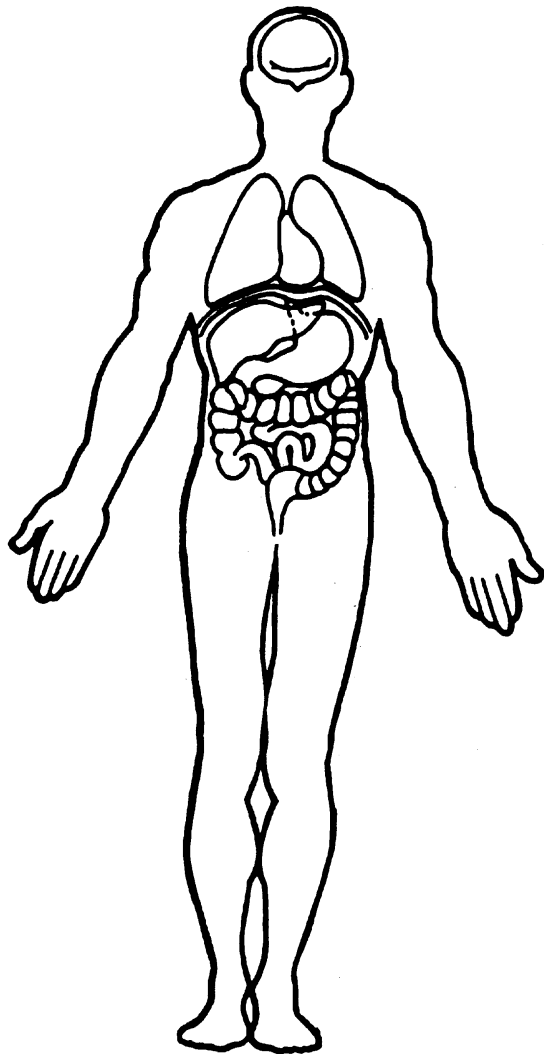
HCO₃ ____

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





OCCUPANT ASSESSMENT FORM

| OCCUPANT'S SEATING | |
|---|--|
| 1. Primary Sampling Unit Number <u>81</u> | 10. Occupant's Seat Position <u>13</u> |
| 2. Case Number - Stratum <u>072F</u> | <i>Front Seat</i> |
| 3. Vehicle Number <u>01</u> | (11) Left side |
| 4. Occupant Number <u>02</u> | (12) Middle |
| (13) Right side | |
| (14) Other (specify): _____ | |
| (15) On or in the lap of another occupant | |
| <i>Second Seat</i> | |
| (21) Left side | |
| (22) Middle | |
| (23) Right side | |
| (24) Other (specify): _____ | |
| (25) On or in the lap of another occupant | |
| <i>Third Seat</i> | |
| (31) Left side | |
| (32) Middle | |
| (33) Right side | |
| (34) Other (specify): _____ | |
| (35) On or in the lap of another occupant | |
| <i>Fourth Seat</i> | |
| (41) Left side | |
| (42) Middle | |
| (43) Right side | |
| (44) Other (specify): _____ | |
| (45) On or in the lap of another occupant | |
| (97) In or on unenclosed area | |
| (98) Other seat (specify): _____ | |
| (99) Unknown | |
| 11. Occupant's Posture <u>0</u> | |
| (0) Normal posture | |
| <i>Abnormal posture</i> | |
| (1) Kneeling or standing on seat | |
| (2) Lying on or across seat | |
| (3) Kneeling, standing or sitting in front of seat | |
| (4) Sitting sideways or turned to talk with another occupant or to look out a rear window | |
| (5) Sitting on a console | |
| (6) Lying back in a reclined seat position | |
| (7) Bracing with feet or hands on a surface in front of seat | |
| (8) Other abnormal posture (specify): _____ | |
| (9) Unknown | |

| OCCUPANT'S CHARACTERISTICS | |
|--|--|
| 5. Occupant's Age <u>16</u> | |
| Code actual age at time of accident. | |
| (00) Less than one year old (specify by month): | |
| (97) 97 years and older | |
| (99) Unknown | |
| 6. Occupant's Sex <u>1</u> | |
| (1) Male | |
| (2) Female | |
| (9) Unknown | |
| 7. Occupant's Height <u>175</u> | |
| Code actual height to the nearest centimeter. | |
| (999) Unknown | |
| <u>69</u> inches X 2.54 = <u>175</u> centimeters | |
| 8. Occupant's Weight <u>095</u> | |
| Code actual weight to the nearest kilogram. | |
| (999) Unknown | |
| <u>210</u> pounds X .4536 = <u>095</u> kilograms | |
| 9. Occupant's Role <u>2</u> | |
| (1) Driver | |
| (2) Passenger | |
| (9) Unknown | |

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 0

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment 0

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 4

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position 0

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position) 09

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):
ARTICULATED SEAT IN
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed
(specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion
(specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

(998) Unknown make/model
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat 0
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

(8) Unknown child safety seat type
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00
 (00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00

Note: Options below applicable to
 Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
 added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market
 harness/shield/tether added
 (09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):
- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital Stay 00

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 97

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death 00

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant 00

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM44. Automatic (Passive) Belt System Availability/ Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):
- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):
- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
- [] Vehicle inspection
- [] Official injury data
- [] Driver/occupant interview
- [] Other (specify):
- [] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [☒] YES []

UPDATE CANDIDATE?

NO [☒] YES []

**STOP - VARIABLES 50 THROUGH 53 ARE
COMPLETED BY THE ZONE CENTER****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 0 0
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the
initial GCS Score recorded at medical
facility.
(97) Injured, details unknown
(99) Unknown if injured
51. Was the Occupant Given Blood? 1
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO_3 0 0
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed
or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used

| | |
|-----------------|-------------|
| PSU NUMBER | <u>81</u> |
| CASE NUMBER | <u>072F</u> |
| VEHICLE NUMBER | <u>01</u> |
| OCCUPANT NUMBER | <u>02</u> |

OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

☒ ENTIRE FORM

☐ PAGE NUMBER (S) _____



OCCUPANT ASSESSMENT FORM

| OCCUPANT'S SEATING | |
|---|--|
| 1. Primary Sampling Unit Number <u>81</u> | 10. Occupant's Seat Position <u>21</u> |
| 2. Case Number - Stratum <u>072F</u> | <i>Front Seat</i> |
| 3. Vehicle Number <u>01</u> | (11) Left side |
| 4. Occupant Number <u>03</u> | (12) Middle |
| (13) Right side <u>OCC. IN SEAT NOT ORIG.</u> | |
| (14) Other (specify): <u>MANUFACTURED W/VEH.</u> | |
| (15) On or in the lap of another occupant | |
| <i>Second Seat</i> | |
| (21) Left side | |
| (22) Middle | |
| (23) Right side | |
| (24) Other (specify): _____ | |
| (25) On or in the lap of another occupant | |
| <i>Third Seat</i> | |
| (31) Left side | |
| (32) Middle | |
| (33) Right side | |
| (34) Other (specify): _____ | |
| (35) On or in the lap of another occupant | |
| <i>Fourth Seat</i> | |
| (41) Left side | |
| (42) Middle | |
| (43) Right side | |
| (44) Other (specify): _____ | |
| (45) On or in the lap of another occupant | |
| (97) In or on unenclosed area | |
| (98) Other seat (specify): _____ | |
| (99) Unknown | |
| 11. Occupant's Posture <u>0</u> | |
| (0) Normal posture | |
| <i>Abnormal posture</i> | |
| (1) Kneeling or standing on seat | |
| (2) Lying on or across seat | |
| (3) Kneeling, standing or sitting in front of seat | |
| (4) Sitting sideways or turned to talk with another occupant or to look out a rear window | |
| (5) Sitting on a console | |
| (6) Lying back in a reclined seat position | |
| (7) Bracing with feet or hands on a surface in front of seat | |
| (8) Other abnormal posture (specify): _____ | |
| (9) Unknown | |

| OCCUPANT'S CHARACTERISTICS | |
|---|--|
| 5. Occupant's Age <u>17</u> | |
| Code actual age at time of accident. | |
| (00) Less than one year old (specify by month): _____ | |
| (97) 97 years and older | |
| (99) Unknown | |
| 6. Occupant's Sex <u>1</u> | |
| (1) Male | |
| (2) Female | |
| (9) Unknown | |
| 7. Occupant's Height <u>173</u> | |
| Code actual height to the nearest centimeter. | |
| (999) Unknown | |
| <u>68</u> inches X 2.54 = <u>173</u> centimeters | |
| 8. Occupant's Weight <u>068</u> | |
| Code actual weight to the nearest kilogram. | |
| (999) Unknown | |
| <u>150</u> pounds X .4536 = <u>068</u> kilograms | |
| 9. Occupant's Role <u>2</u> | |
| (1) Driver | |
| (2) Passenger | |
| (9) Unknown | |

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use 04

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

21. Air Bag System Availability/Function 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

22. Air Bag System Deployment 0

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 4

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown

(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position 1

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position) 10

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

(998) Unknown make/model
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat 0
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):
 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00
 (00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00

Note: Options below applicable to
 Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
 added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market
 harness/shield/tether added
 (09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES34. Injury Severity (Police Rating) 0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

37. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 00

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death 00

- _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

- _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant 00

- _____ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function** 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
- [] Vehicle inspection
- [] Official injury data
- [] Driver/occupant interview
- [] Other (specify): _____
- [] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [✓] YES []

UPDATE CANDIDATE?

NO [✓] YES []

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER**TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 00
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured
51. Was the Occupant Given Blood? 1
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO_3 00
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used

| | |
|-----------------|-------------|
| PSU NUMBER | <u>81</u> |
| CASE NUMBER | <u>072F</u> |
| VEHICLE NUMBER | <u>01</u> |
| OCCUPANT NUMBER | <u>03</u> |

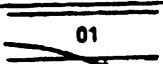
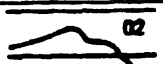




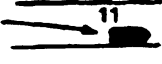


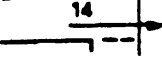
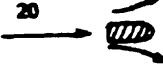

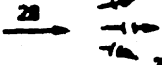
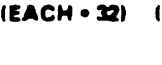
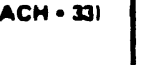
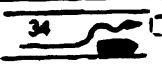


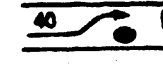
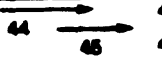













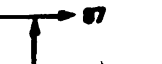



OCCUPANT INJURY FORM

THE FOLLOWING DATA IS NOT INCLUDED IN THIS CASE:

☒ ENTIRE FORM

☐ PAGE NUMBER (S) _____

| | |
|-------------------------------------|------------|
| 27. Heading Angle For This Vehicle | <u>180</u> |
| 28. Heading Angle For Other Vehicle | 090 |

| Category | Configuration | ACCIDENT TYPES (Includes Intent) | | | | |
|--|----------------------------|---|---|---|--|---|
| I Single Driver | A Right Roadside Departure |  01 DRIVE OFF ROAD |  02 CONTROL/ TRACTION LOSS |  03 AVOID COLLISION WITH VEH., PED., ANIM. | 04 SPECIFICS OTHER | 05 SPECIFICS UNKNOWN |
| | B Left Roadside Departure |  06 DRIVE OFF ROAD |  07 CONTROL/ TRACTION LOSS |  08 AVOID COLLISION WITH VEH., PED., ANIM. | 09 SPECIFICS OTHER | 10 SPECIFICS UNKNOWN |
| | C Forward Impact |  11 PARKED VEH. |  12 STA. OBJECT |  13 PEDESTRIAN/ ANIMAL |  14 END DEPARTURE | 15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN |
| II Same Trafficway Same Direction | D Rear-End |  20 STOPPED 21, 22, 23 |  22 SLOWER 24, 25, 27 |  25 DECEL. 26, 28, 31 |  30 SPECIFICS OTHER |  31 SPECIFICS UNKNOWN |
| | E Forward Impact |  34 CONTROL/ TRACTION LOSS |  36 CONTROL/ TRACTION LOSS |  38 AVOID COLLISION WITH VEH. |  40 AVOID COLLISION WITH OBJECT | (EACH - 42) SPECIFICS OTHER (EACH - 43) SPECIFICS UNKNOWN |
| | F Sideswipe Angle |  44 SPECIFICS OTHER |  46 SPECIFICS UNKNOWN | (EACH - 48) SPECIFICS OTHER | (EACH - 49) SPECIFICS UNKNOWN | |
| III Same Trafficway Opposite Direction | G Head-On |  50 LATERAL MOVE | (EACH - 52) SPECIFICS OTHER | (EACH - 53) SPECIFICS UNKNOWN | | |
| | H Forward Impact |  54 CONTROL/ TRACTION LOSS |  56 CONTROL/ TRACTION LOSS |  58 AVOID COLLISION WITH VEH. |  60 AVOID COLLISION WITH OBJECT | (EACH - 62) SPECIFICS OTHER (EACH - 63) SPECIFICS UNKNOWN |
| | I Sideswipe Angle |  64 LATERAL MOVE | (EACH - 66) SPECIFICS OTHER | (EACH - 67) SPECIFICS UNKNOWN | | |
| IV Change Trafficway Vehicle Turning | J Turn Across Path |  68 INITIAL OPPOSITE DIRECTIONS |  70 INITIAL SAME DIRECTIONS |  72 SPECIFICS OTHER | (EACH - 74) SPECIFICS OTHER | (EACH - 75) SPECIFICS UNKNOWN |
| | K Turn Into Path |  77 TURN INTO SAME DIRECTION |  79 TURN INTO OPPOSITE DIRECTIONS |  81 SPECIFICS OTHER | (EACH - 84) SPECIFICS OTHER | (EACH - 85) SPECIFICS UNKNOWN |
| V Intersecting Paths (Vehicle Damage) | L Straight Paths |  87 SPECIFICS OTHER |  89 SPECIFICS OTHER | (EACH - 90) SPECIFICS OTHER | (EACH - 91) SPECIFICS UNKNOWN | |
| VI Miscellaneous | M Backing Etc. |  92 BACKING VEH. |  93 OTHER VEH. OR OBJECT | 96 Other Accident Type 98 Unknown Accident Type 00 No Impact | | |

OTHER DATA56. Driver's Zip Code

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin 1

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify): _____

(9) Unknown

58. Vehicle Special Use (This Trip) 0

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Fire truck or car
 (8) Other (specify): _____
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) \neq 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type 0

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify): _____

(9) Unknown rollover initiation type

60. Location of Rollover Initiation 0

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted 00 62. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (8) Non-contact rollover forces (specify): _____
 (9) Unknown

63. Direction of Initial Roll 0

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA64. Pre-Event Movement (Prior to Recognition of Critical Event) 01

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify): _____
 (98) No driver present
 (99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

Noncollision

- (31) Turn-over — fall-over
- (33) Jackknife

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)
(specify): _____

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): _____

- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): _____

- (89) Unknown nonfixed object

- (98) Other event (specify): _____

- (99) Unknown event or object

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

| Administration | | CRASHWORTHINESS DATA SYSTEM | |
|---------------------------------|-------------|-----------------------------|-----------|
| 1. Primary Sampling Unit Number | <u>81</u> | 3. Vehicle Number | <u>02</u> |
| 2. Case Number - Stratum | <u>072F</u> | | |

VEHICLE IDENTIFICATION

VIN 1FABP2G M X E F [REDACTED] Model Year 84
 Vehicle Make (specify): Ford Vehicle Model (specify): mustang 2dr

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

| Specific Impact No. | Location of Direct Damage | Location of Field L |
|---------------------|-------------------------------|---------------------|
| 1 | STARTS AT RF Bumper CORNER | CORNER TO CORNER |
| | | |
| | | |

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

ORIGINAL SPECIFICATIONS WORK SHEET

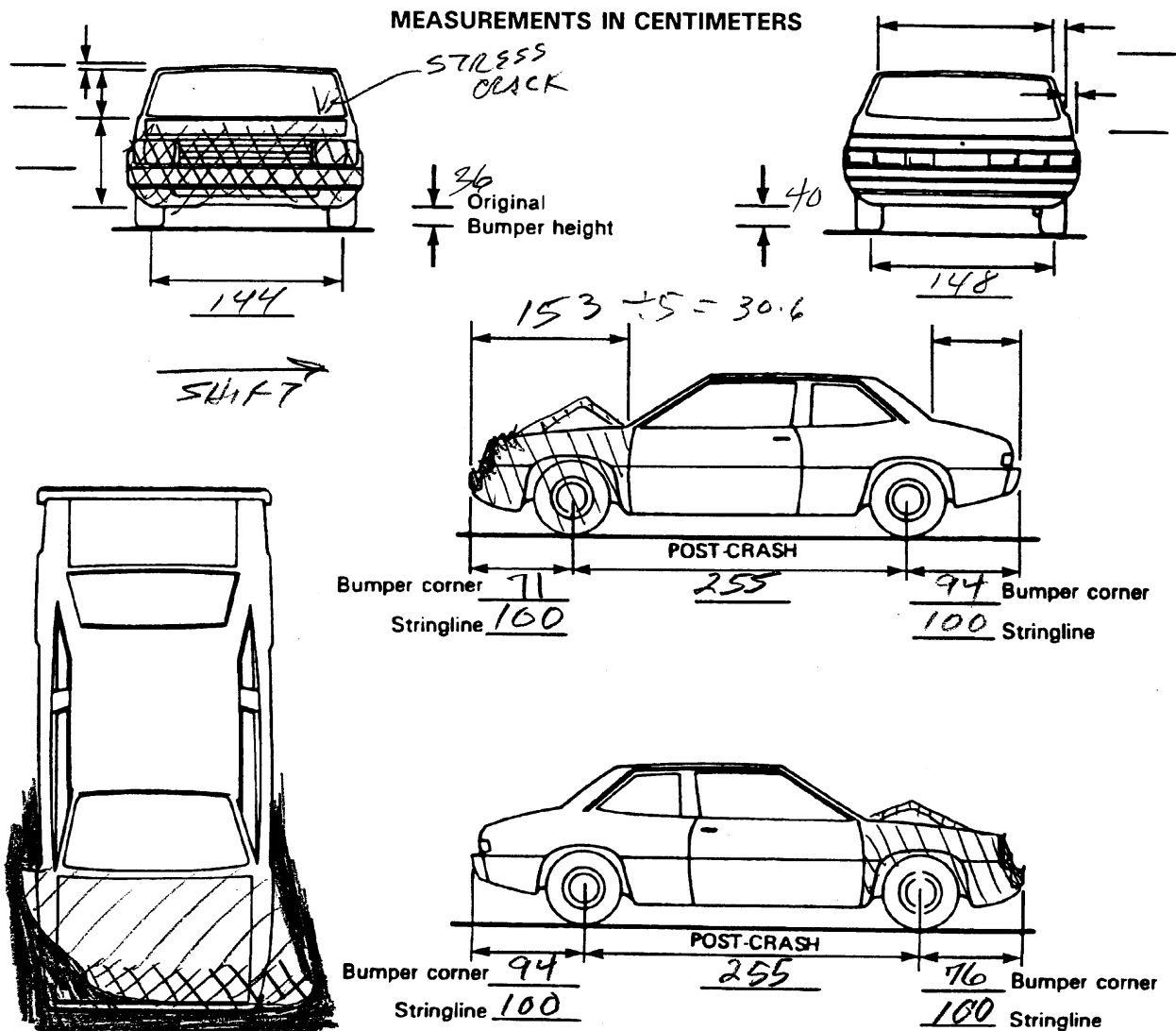
| | | | |
|--------------------------|---|------------------|------------------------------|
| Wheelbase | <u>100.5</u> | inches x 2.54 = | <u>255</u> cm |
| Overall Length | <u>179.1</u> | inches x 2.54 = | <u>455</u> cm |
| Maximum Width | <u>69.1</u> | inches x 2.54 = | <u>176</u> cm |
| Curb Weight | ^(for 4 cyl) 2664 <u>2,854</u> | pounds x .4536 = | <u>1,208</u> kg |
| Average Track | <u>56.8</u> | inches x 2.54 = | <u>144</u> 146 cm |
| Front Overhang | ___ | inches x 2.54 = | <u>100</u> cm |
| Rear Overhang | ___ | inches x 2.54 = | <u>100</u> cm |
| Undeformed End Width | ___ | inches x 2.54 = | ___ cm |
| Engine Size: cyl./displ. | <u>V-8</u> | cc x .001 = | ___ L |
| | <u>302</u> | CID x .0164 = | <u>5.0</u> L |

36.6-144
57.0-148

Upgrade to V8
1208 + 45 = 1253

VEHICLE DAMAGE SKETCH

| | | | | |
|---|--|---|--|---|
| TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>1</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk. | | ORIGINAL SPECIFICATIONS Wheelbase <u>255</u> cm Overall Length <u>455</u> cm Maximum Width <u>176</u> cm Curb Weight <u>1295</u> kg Average Track <u>146</u> cm Front Overhang <u>100</u> cm Rear Overhang <u>100</u> cm Undeformed End Width <u>155</u> cm Engine Size: cyl./displ. <u>V-8 5.0</u> L | | WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± <u>0</u> ° LF ± <u>0</u> ° RR ± <u>0</u> ° LR ± <u>0</u> ° Within ± 5 degrees |
| TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | | DRIVE WHEELS <input type="checkbox"/> FWD <input checked="" type="checkbox"/> RWD <input type="checkbox"/> 4WD | | |
| | | Approximate Cargo Weight <u>0</u> kg | | |



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

(01-30) — Vehicle Number

Noncollision

- (31) Overturn — rollover
(32) Fire or explosion
(33) Jackknife
(34) Other intraunit damage (specify):

(35) Noncollision injury

(38) Other noncollision (specify):

(39) Noncollision – details unknown

Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
(51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
(52) Pole or post (> 30 cm in diameter)
(53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify):

- (57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

- | | |
|------|---------------------------------------|
| (71) | Motor vehicle not in-transport |
| (72) | Pedestrian |
| (73) | Cyclist or cycle |
| (74) | Other nonmotorist or conveyance |
| (75) | Vehicle occupant |
| (76) | Animal |
| (77) | Train |
| (78) | Trailer, disconnected in transport |
| (79) | Object fell from vehicle in-transport |
| (88) | Other nonfixed object (specify): |
| (89) | Unknown nonfixed object |
| (98) | Other event (specify): |
| (99) | Unknown event or object |

DEFORMATION CLASSIFICATION BY EVENT NUMBER

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

| Accident Event Sequence Number | Object Contacted | (1) (2) Direction of Force | (3) Deformation Location | (4) Longitudinal or Lateral Location | (5) Vertical or Lateral Location | (6) Type of Damage Distribution | (7) Deformation Extent |
|---|---------------------|----------------------------------|--------------------------------|---|---|--|------------------------------|
| 4. <u>01</u> | 5. <u>01</u> | 6. <u>81</u> 82 | 7. <u>F</u> | 8. <u>D</u> | 9. <u>E</u> | 10. <u>W</u> | 11. <u>02</u> |

Second Highest Delta "V"

12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

| 20. L | 21. C ₁ | C ₂ | C ₃ | C ₄ | C ₅ | C ₆ | 22. ± D |
|------------|-----------------------|----------------|----------------|----------------|----------------|----------------|--------------|
| <u>155</u> | <u>021</u> | <u>019</u> | <u>018</u> | <u>017</u> | <u>013</u> | <u>016</u> | <u>+ 000</u> |

Second Highest Delta "V"

| 23. L | 24. C ₁ | C ₂ | C ₃ | C ₄ | C ₅ | C ₆ | 25. ± D |
|----------|-----------------------|----------------|----------------|----------------|----------------|----------------|------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

26. Are CDCs Documented but Not Coded on The Automated File?

(0) No
(1) Yes

0

27. Researcher's Assessment of Vehicle Disposition

(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

1

28. Original Wheelbase _____ Code to the nearest centimeter (999) Unknown

255

_____ inches X 2.54 = _____ centimeters

| | |
|---|---|
| <p>29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? <u>0</u></p> <p>(0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): _____</p> <p>_____ (Include photograph of CERTIFICATION PLACARD in case report)</p> <p>(9) Unknown if vehicle is modified</p> | <p>34. Fuel Tank-1 Location <u>1</u></p> <p>35. Fuel Tank-2 Location <u>0</u></p> <p>(0) No fuel tank (1) Aft of center of the rear wheels (rear axle) centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle) right side (4) Forward of center of the rear wheels (rear axle) centered (5) Forward of center of the rear wheels (rear axle) left side (6) Forward of center of the rear wheels (rear axle) right side (7) Over center of the rear wheels (rear axle) (8) Other (specify): _____ (9) Unknown</p> |
| <p>30. Fire Occurrence <u>0</u></p> <p>(0) No fire</p> <p>Yes, fire occurred (1) Minor (2) Major (9) Unknown</p> | |
| <p>31. Origin of Fire <u>0</u></p> <p>(0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): _____ (9) Unknown</p> | <p>36. Fuel Tank-1 Filler Cap Location <u>3</u></p> <p>37. Fuel Tank-2 Filler Cap Location <u>0</u></p> <p>(0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane (7) Over the center of the rear wheels (rear axle) on right side plane (8) Other (specify): _____ (9) Unknown</p> |
| <p>32. Type of Fuel Tank-1 <u>1</u></p> <p>33. Type of Fuel Tank-2 <u>0</u></p> <p>(0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown</p> | |
| | <p>38. Fuel Tank-1 Damage <u>1</u></p> <p>39. Fuel Tank-2 Damage <u>0</u></p> <p>(0) No fuel tank (1) No damage to fuel tank (2) Deformed, no seam failure (3) Deformed, with a seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped) (7) Filler neck separation from the fuel tank (8) Other damage (specify): _____ (9) Unknown</p> |

| | |
|--|---|
| <p>40. Location of Fuel System-1 Leakage <u>1</u></p> <p>41. Location of Fuel System-2 Leakage <u>0</u></p> <p style="padding-left: 20px;">(0) No fuel tank (1) No fuel leakage</p> <p style="padding-left: 20px;"><i>Primary Area Of Leakage</i></p> <p style="padding-left: 20px;">(2) Tank (3) Filler neck (4) Cap (5) Lines/pump/filter (6) Vent/emission recovery (8) Other (specify): _____</p> <p style="padding-left: 20px;">(9) Unknown</p> <p>42. Fuel Type-1 <u>01</u></p> <p>43. Fuel Type-2 <u>00</u></p> <p style="padding-left: 20px;"><i>Single Fuel Type</i></p> <p style="padding-left: 20px;">(00) No fuel tank (01) Gasoline (02) Diesel (03) CNG (Compressed Natural Gas) (04) LPG (Liquid Petroleum Gas) also known as Propane (05) LNG (Liquid Natural Gas) (06) Methanol (M100 or M85) (07) Ethanol (E100 or E85) (08) Other (Hydrogen or others) (specify): _____</p> <p style="padding-left: 20px;">_____ <i>Electric Powered or Electric/Solar Powered Vehicles</i></p> <p style="padding-left: 20px;">(10) Lead Acid Battery (11) Nickel-Iron Battery (12) Nickel-Cadmium Battery (13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): _____</p> <p style="padding-left: 20px;">(98) Other Hybrid (specify): _____</p> <p style="padding-left: 20px;">_____ (99) Unknown fuel type</p> | <p>44. Is This Vehicle Equipped With More Than Two Fuel Tanks? <u>0</u></p> <p style="padding-left: 20px;">(0) No (one or two tanks only)</p> <p style="padding-left: 20px;"><i>Yes - More Than Two Tanks</i></p> <p style="padding-left: 20px;">(1) Yes -- <u>no damage</u> to any tank or filler cap and <u>no fuel system leakage</u></p> <p style="padding-left: 20px;">(2) Yes -- <u>no damage</u> to any tank or filler cap but <u>there is fuel system leakage</u> (specify leakage location): _____</p> <p style="padding-left: 20px;">(3) Yes -- <u>damage</u> to an additional tank or filler cap and <u>there is fuel system leakage</u> (specify the following): Type of tank _____ Tank location _____ Filler cap location _____ Tank damage _____ Location of leakage _____ Type of fuel _____</p> <p style="padding-left: 20px;">(9) Unknown if more than two tanks</p> <div style="text-align: center; border: 1px solid black; padding: 5px; margin-top: 10px;"> COMMENTS </div> <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div> |
|--|---|

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
(I.E., GV09 = 0 OR 9 AND GV36 = 0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 81

2. Case Number - Stratum 072 F

3. Vehicle Number 02

INTEGRITY

4. Passenger Compartment Integrity 00

(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 0 8. RR 0 9. TG/H 0

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 2 16. LF 0 17. RF 0 18. LR 0 19. RR 0
20. BL 0 21. Roof 8 22. Other 8

- (0) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (8) No glazing
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

- (0) No occupant contact to glazing or no glazing
- (1) Glazing contacted by occupant but no glazing damage
- (2) Glazing in place and cracked by occupant contact
- (3) Glazing in place and holed by occupant contact
- (4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (5) Glazing out-of-place by occupant contact and holed by occupant contact
- (6) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

If No Glazing Damage **And** No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 1 32. LF 0 33. RF 0 34. LR 0 35. RR 0
36. BL 0 37. Roof 0 38. Other 0

- (0) No glazing contact and no damage, or no glazing
- (1) AS-1 — Laminated
- (2) AS-2 — Tempered
- (3) AS-3 — Tempered-tinted
- (4) AS-14 — Glass/Plastic
- (8) Other (specify):

(9) Unknown

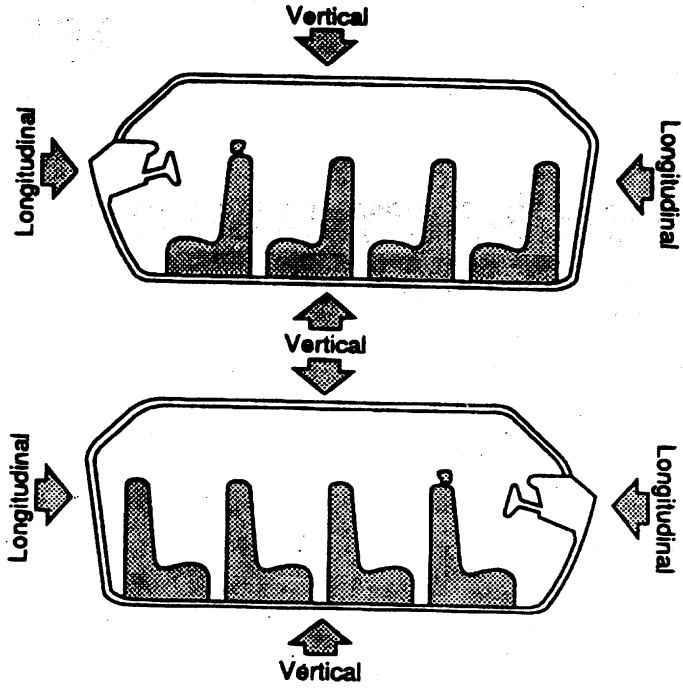
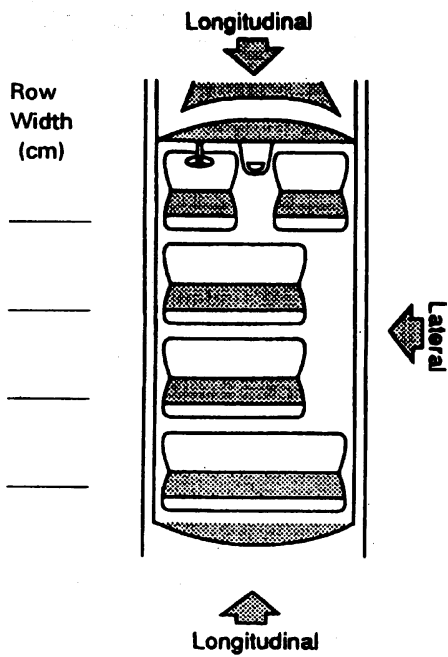
Window Precrash Glazing Status

39. WS 1 40. LF 0 41. RF 0 42. LR 0 43. RR 0
44. BL 0 45. Roof 0 46. Other 0

- (0) No glazing contact and no damage, or no glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (9) Unknown

INTRUSION WORKSHEET

Note: Sketch intruded areas



| LOCATION OF INTRUSION | INTRUDED COMPONENT | (All Measurements Are In Centimeters) | | | INTRUSION | DOMINANT CRUSH DIRECTION |
|-----------------------|--------------------|---------------------------------------|---|----------------|-----------|--------------------------|
| | | COMPARISON VALUE | — | INTRUDED VALUE | = | |
| | | | — | | = | |
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Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

| | Location of Intrusion | Intruding Component | Magnitude of Intrusion | Dominant Crush Direction |
|------|-----------------------|---------------------|------------------------|--------------------------|
| 1st | 47. _____ | 48. _____ | 49. _____ | 50. _____ |
| 2nd | 51. _____ | 52. _____ | 53. _____ | 54. _____ |
| 3rd | 55. _____ | 56. _____ | 57. _____ | 58. _____ |
| 4th | 59. _____ | 60. _____ | 61. _____ | 62. _____ |
| 5th | 63. _____ | 64. _____ | 65. _____ | 66. _____ |
| 6th | 67. _____ | 68. _____ | 69. _____ | 70. _____ |
| 7th | 71. _____ | 72. _____ | 73. _____ | 74. _____ |
| 8th | 75. _____ | 76. _____ | 77. _____ | 78. _____ |
| 9th | 79. _____ | 80. _____ | 81. _____ | 82. _____ |
| 10th | 83. _____ | 84. _____ | 85. _____ | 86. _____ |

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify)

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify):

- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

| COMPARISON VALUE | — | DAMAGE VALUE | = | DEFORMATION |
|------------------|---|--------------|---|-------------|
|------------------|---|--------------|---|-------------|

| | | | | |
|--|---|--|---|--|
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STEERING COLUMN

87. Steering Column Type

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____
 (9) Unknown

88. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X

89. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X X

90. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X X

91. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X X

92. Steering Rim/Spoke Deformation

- Code actual measured deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

0 0

93. Location of Steering Rim/Spoke Deformation

- (00) No steering rim deformation

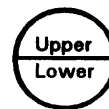
Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D



Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

0 0**INSTRUMENT PANEL**

94. Odometer Reading

146,000

_____ kilometers—Code to the nearest 1,000 kilometers

- (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

90.703 miles X 1.6093 = 145.968 kilometers

Source: INSPECTION

95. Instrument Panel Damage from Occupant Contact?

- (0) No
 (1) Yes
 (9) Unknown

0

96. Knee Bolsters Deformed from Occupant Contact?

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

8

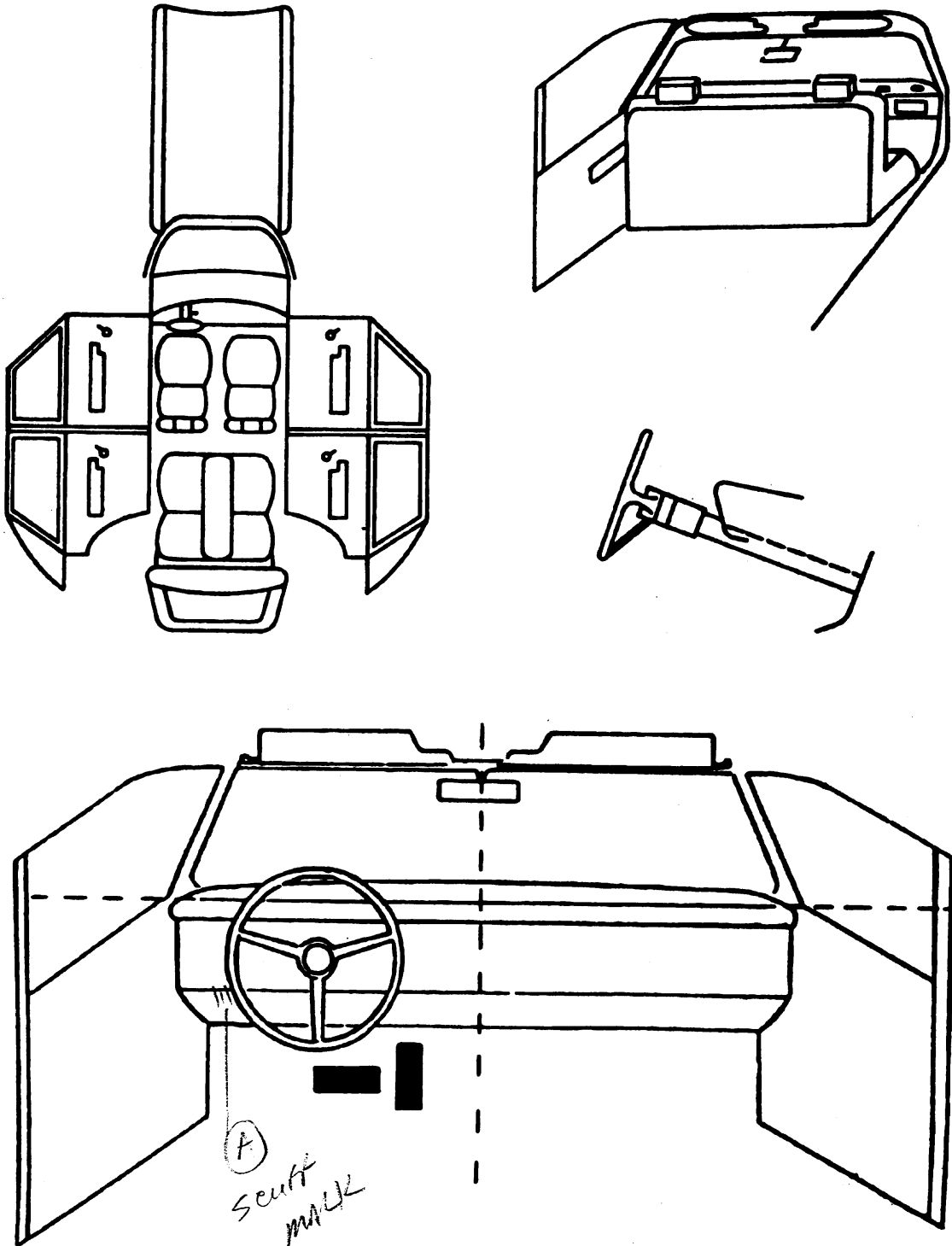
97. Did Glove Compartment Door Open During Collision(s)?

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

0

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

| Contact | Interior Component Contacted | Occupant No. If Known | Body Region If Known | Supporting Physical Evidence | Confidence Level of Contact Point |
|---------|------------------------------|-----------------------|----------------------|------------------------------|-----------------------------------|
| A | 09 | 1 | KNEE | Scuff MARK | 2 |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |
| G | | | | | |
| H | | | | | |
| I | | | | | |
| J | | | | | |
| K | | | | | |
| L | | | | | |
| M | | | | | |
| N | | | | | |

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____

- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

- (46) Other occupants (specify): _____

- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

| | | Left | Right |
|-----------------------|-----------------------|------|-------|
| F I R S T | Availability/Function | | |
| | Deployment | | |
| | Failure | | |

Air Bag System Availability/Function

- (0) Not equipped/not available
(1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled _____

- (9) Unknown

Air Bag System Deployment

- (0) Not equipped/not available

- (1) Air bag deployed during accident (as a result of impact)

- (2) Air bag deployed inadvertently just prior to accident

- (3) Air bag deployed, accident sequence undetermined

- (4) Nondeployed

- (5) Unknown if deployed

- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

- (9) Unknown

Are There Indications of Air Bag System/Failure?

- (0) Not equipped/not available

- (1) No

- (2) Yes (specify): _____

- (9) Unknown

AUTOMATIC BELTS

| | | Left | Right |
|-----------------------|-----------------------|------|-------|
| F I R S T | Availability/Function | | |
| | Use | | |
| | Type | | |
| | Proper Use | | |
| | Failure Modes | | |

Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative

- (9) Unknown

Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative

- (1) Automatic belt in use

- (2) Automatic belt not in use (manually disconnected, motorized track inoperative)

- (3) Automatic belt use unknown

- (9) Unknown

Automatic (Passive) Belt System Type

- (0) Not equipped/not available

- (1) Non-motorized system

- (2) Motorized system

- (9) Unknown

Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used

- (1) Automatic belt used properly

- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm

- (4) Automatic shoulder belt worn behind back

- (5) Automatic belt worn around more than one person

- (6) Lap portion of automatic belt worn on abdomen

- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____

- (9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use

- (1) No automatic belt failure(s)

- (2) Torn webbing (stretched webbing not included)

- (3) Broken buckle or latchplate

- (4) Upper anchorage separated

- (5) Other anchorage separated (specify): _____

- (6) Broken retractor

- (7) Combination of above (specify): _____

- (8) Other automatic belt failure (specify): _____

- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

| | | Left | Center | Right |
|--------|---------------------|------|--------|-------|
| FIRST | Availability | 4 | 0 | 4 |
| | Evidence of usage | 04 | 00 | 04 |
| | Used in this crash? | YES | 0 | NO |
| | Proper Use | 1 | 0 | 1 |
| | Failure Modes | 1 | 0 | 1 |
| SECOND | Availability | 3 | 3 | 3 |
| | Evidence of usage | 00 | 00 | 00 |
| | Used in this crash? | NO | NO | NO |
| | Proper Use | 0 | 0 | 0 |
| | Failure Modes | 1 | 1 | 1 |
| OTHER | Availability | | | |
| | Evidence of usage | | | |
| | Used in this crash? | | | |
| | Proper Use | | | |
| | Failure Modes | | | |

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): _____
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

| | | | | | | |
|------------------------------------|--|--|--|--|--|--|
| Occupant Number | | | | | | |
| 1. Type of Child Safety Seat | | | | | | |
| 2. Child Safety Seat Orientation | | | | | | |
| 3. Child Safety Seat Harness Usage | | | | | | |
| 4. Child Safety Seat Shield Usage | | | | | | |
| 5. Child Safety Seat Tether Usage | | | | | | |
| 6. Child Safety Seat Make/Model | Specify Below for Each Child Safety Seat | | | | | |

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

| | | Left | Center | Right |
|--------|----------------------------|------|--------|-------|
| FIRST | Head Restraint Type/Damage | 3 | 0 | 3 |
| | Seat Type | 02 | 00 | 02 |
| | Seat Performance | 1 | 0 | 1 |
| | Seat Orientation | 1 | 0 | 1 |
| SECOND | Head Restraint Type/Damage | 0 | 0 | 0 |
| | Seat Type | 03 | 03 | 03 |
| | Seat Performance | 1 | 1 | 1 |
| | Seat Orientation | 1 | 1 | 1 |
| THIRD | Head Restraint Type/Damage | | | |
| | Seat Type | | | |
| | Seat Performance | | | |
| | Seat Orientation | | | |
| OTHER | Head Restraint Type/Damage | | | |
| | Seat Type | | | |
| | Seat Performance | | | |
| | Seat Orientation | | | |

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: _____

(9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____

(10) Box mounted seat (i.e., van type)

(99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

(9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [☒] Yes [☐]

Describe indications of ejection and body parts involved in partial ejection(s):

| | | | | | | |
|--|--|--|--|--|--|--|
| Occupant Number | | | | | | |
| Ejection | | | | | | |
| (Note on Vehicle Interior Sketch) Ejection Area | | | | | | |
| Ejection Medium | | | | | | |
| Medium Status | | | | | | |

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No [☒] Yes [☐]

Describe entrapment mechanism:

Component(s):

(Note in vehicle interior diagram)



OCCUPANT ASSESSMENT FORM

| OCCUPANT'S SEATING | |
|---|--|
| 1. Primary Sampling Unit Number <u>81</u> | 10. Occupant's Seat Position <u>11</u> |
| 2. Case Number - Stratum <u>07ZF</u> | <i>Front Seat</i> |
| 3. Vehicle Number <u>02</u> | (11) Left side |
| 4. Occupant Number <u>01</u> | (12) Middle |
| (13) Right side | |
| (14) Other (specify): _____ | |
| (15) On or in the lap of another occupant | |
| <i>Second Seat</i> | |
| (21) Left side | |
| (22) Middle | |
| (23) Right side | |
| (24) Other (specify): _____ | |
| (25) On or in the lap of another occupant | |
| <i>Third Seat</i> | |
| (31) Left side | |
| (32) Middle | |
| (33) Right side | |
| (34) Other (specify): _____ | |
| (35) On or in the lap of another occupant | |
| <i>Fourth Seat</i> | |
| (41) Left side | |
| (42) Middle | |
| (43) Right side | |
| (44) Other (specify): _____ | |
| (45) On or in the lap of another occupant | |
| (97) In or on unenclosed area | |
| (98) Other seat (specify): _____ | |
| (99) Unknown | |
| 11. Occupant's Posture <u>0</u> | |
| <i>Abnormal posture</i> | |
| (1) Kneeling or standing on seat | |
| (2) Lying on or across seat | |
| (3) Kneeling, standing or sitting in front of seat | |
| (4) Sitting sideways or turned to talk with another occupant or to look out a rear window | |
| (5) Sitting on a console | |
| (6) Lying back in a reclined seat position | |
| (7) Bracing with feet or hands on a surface in front of seat | |
| (8) Other abnormal posture (specify): _____ | |
| (9) Unknown | |

| OCCUPANT'S CHARACTERISTICS | |
|--|--|
| 5. Occupant's Age <u>46</u> | |
| Code actual age at time of accident. | |
| (00) Less than one year old (specify by month): | |
| (97) 97 years and older | |
| (99) Unknown | |
| 6. Occupant's Sex <u>1</u> | |
| (1) Male | |
| (2) Female | |
| (9) Unknown | |
| 7. Occupant's Height <u>183</u> | |
| Code actual height to the nearest centimeter. | |
| (999) Unknown | |
| <u>72</u> inches X 2.54 = <u>183</u> centimeters | |
| 8. Occupant's Weight <u>109</u> | |
| Code actual weight to the nearest kilogram. | |
| (999) Unknown | |
| <u>240</u> pounds X .4536 = <u>109</u> kilograms | |
| 9. Occupant's Role <u>1</u> | |
| (1) Driver | |
| (2) Passenger | |
| (9) Unknown | |

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 04

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment 0

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 4

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position 3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position) 02

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

(998) Unknown make/model
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat 0
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

(8) Unknown child safety seat type
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00
 (00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00

Note: Options below applicable to
 Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
 added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market
 harness/shield/tether added
 (09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES34. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

37. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 11

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death 00

- _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

- _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for This Occupant 03

- 3 Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function** 0

- (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
 (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of automatic belt system (specify):
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):
 (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
 [] Vehicle inspection
 [] Official injury data
 [] Driver/occupant interview
 [] Other (specify):
 [] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO ☒

YES []

UPDATE CANDIDATE?

NO []

YES ☒

STOP - VARIABLES 50 THROUGH 53 ARE COMPLETED BY THE ZONE CENTER**TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 0 2
(at Medical Facility)
(00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured
51. Was the Occupant Given Blood? 1
(1) No - blood not given
(2) Yes - blood given
(specify units): _____
(9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO_3 0 1
(00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO_3
(96) ABGs reported, HCO_3 unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

53. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify): _____
(9) Unknown if belt used



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

| | | | |
|---------------------------------|-------------|--------------------|-----------|
| 1. Primary Sampling Unit Number | <u>21</u> | 3. Vehicle Number | <u>02</u> |
| 2. Case Number - Stratum | <u>072F</u> | 4. Occupant Number | <u>01</u> |

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

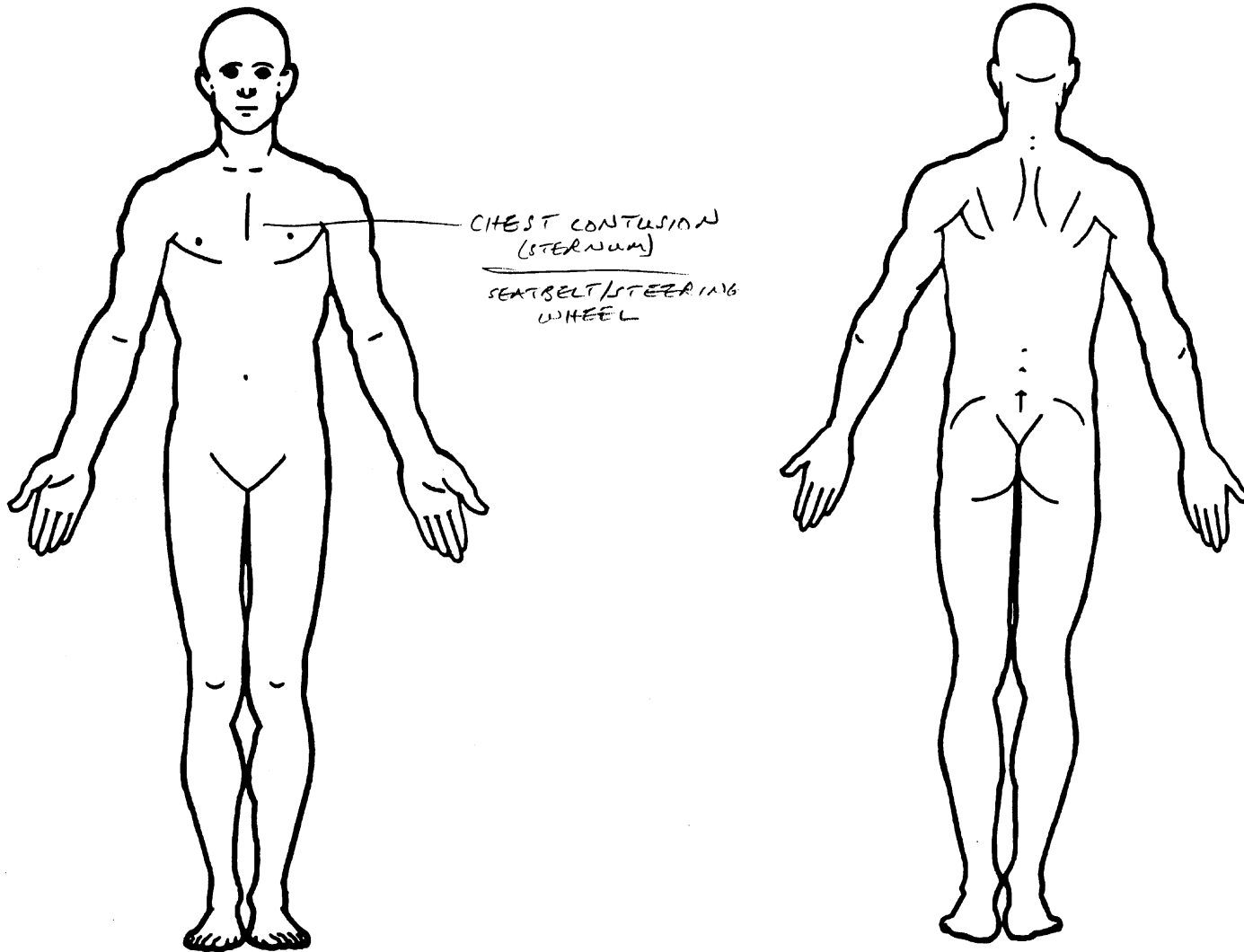
| | Source of Injury Data | Body Region | Type of Anatomic Structure | Specific Anatomic Structure | Level of Injury | A.I.S. Severity | Aspect | Injury Source | Injury Source Confidence Level | Direct/ Indirect Injury | Occupant Area Intrusion Number |
|------|-----------------------------|----------------|----------------------------------|-----------------------------------|--------------------|--------------------|----------------|------------------|---|-------------------------------|---|
| 1st | 5. <u>3</u> | 6. <u>4</u> | 7. <u>9</u> | 8. <u>04</u> | 9. <u>02</u> | 10. <u>1</u> | 11. <u>4</u> | 12. <u>41</u> | 13. <u>1</u> | 14. <u>1</u> | 15. <u>00</u> |
| 2nd | 16. <u>7</u> | 17. <u>7</u> | 18. <u>9</u> | 19. <u>04</u> | 20. <u>02</u> | 21. <u>1</u> | 22. <u>2</u> | 23. <u>41</u> | 24. <u>1</u> | 25. <u>1</u> | 26. <u>00</u> |
| 3rd | 27. <u>7</u> | 28. <u>8</u> | 29. <u>9</u> | 30. <u>04</u> | 31. <u>02</u> | 32. <u>1</u> | 33. <u>2</u> | 34. <u>09</u> | 35. <u>1</u> | 36. <u>1</u> | 37. <u>00</u> |
| 4th | 38. <u> </u> | 39. <u> </u> | 40. <u> </u> | 41. <u> </u> | 42. <u> </u> | 43. <u> </u> | 44. <u> </u> | 45. <u> </u> | 46. <u> </u> | 47. <u> </u> | 48. <u> </u> |
| 5th | 49. <u> </u> | 50. <u> </u> | 51. <u> </u> | 52. <u> </u> | 53. <u> </u> | 54. <u> </u> | 55. <u> </u> | 56. <u> </u> | 57. <u> </u> | 58. <u> </u> | 59. <u> </u> |
| 6th | 60. <u> </u> | 61. <u> </u> | 62. <u> </u> | 63. <u> </u> | 64. <u> </u> | 65. <u> </u> | 66. <u> </u> | 67. <u> </u> | 68. <u> </u> | 69. <u> </u> | 70. <u> </u> |
| 7th | 71. <u> </u> | 72. <u> </u> | 73. <u> </u> | 74. <u> </u> | 75. <u> </u> | 76. <u> </u> | 77. <u> </u> | 78. <u> </u> | 79. <u> </u> | 80. <u> </u> | 81. <u> </u> |
| 8th | 82. <u> </u> | 83. <u> </u> | 84. <u> </u> | 85. <u> </u> | 86. <u> </u> | 87. <u> </u> | 88. <u> </u> | 89. <u> </u> | 90. <u> </u> | 91. <u> </u> | 92. <u> </u> |
| 9th | 93. <u> </u> | 94. <u> </u> | 95. <u> </u> | 96. <u> </u> | 97. <u> </u> | 98. <u> </u> | 99. <u> </u> | 100. <u> </u> | 101. <u> </u> | 102. <u> </u> | 103. <u> </u> |
| 10th | 104. <u> </u> | 105. <u> </u> | 106. <u> </u> | 107. <u> </u> | 108. <u> </u> | 109. <u> </u> | 110. <u> </u> | 111. <u> </u> | 112. <u> </u> | 113. <u> </u> | 114. <u> </u> |

OCCUPANT INJURY DATA

| | Source of Injury Data | Body Region | Type of Anatomic Structure | A.I.S. - 90 | | | Aspect | Injury Source | Injury Source Confidence Level | Direct/Indirect Injury | Occupant Area Intrusion Number |
|------|-----------------------|-------------|----------------------------|-----------------------------|-----------------|-----------------|--------|---------------|--------------------------------|------------------------|--------------------------------|
| | | | | Specific Anatomic Structure | Level of Injury | A.I.S. Severity | | | | | |
| 11th | --- | --- | --- | ----- | ----- | --- | --- | ----- | --- | --- | ----- |
| 12th | --- | --- | --- | ----- | ----- | --- | --- | ----- | --- | --- | ----- |
| 13th | --- | --- | --- | ----- | ----- | --- | --- | ----- | --- | --- | ----- |
| 14th | --- | --- | --- | ----- | ----- | --- | --- | ----- | --- | --- | ----- |
| 15th | --- | --- | --- | ----- | ----- | --- | --- | ----- | --- | --- | ----- |
| 16th | --- | --- | --- | ----- | ----- | --- | --- | ----- | --- | --- | ----- |
| 17th | --- | --- | --- | ----- | ----- | --- | --- | ----- | --- | --- | ----- |
| 18th | --- | --- | --- | ----- | ----- | --- | --- | ----- | --- | --- | ----- |
| 19th | --- | --- | --- | ----- | ----- | --- | --- | ----- | --- | --- | ----- |
| 20th | --- | --- | --- | ----- | ----- | --- | --- | ----- | --- | --- | ----- |
| 21st | --- | --- | --- | ----- | ----- | --- | --- | ----- | --- | --- | ----- |
| 22nd | --- | --- | --- | ----- | ----- | --- | --- | ----- | --- | --- | ----- |
| 23rd | --- | --- | --- | ----- | ----- | --- | --- | ----- | --- | --- | ----- |
| 24th | --- | --- | --- | ----- | ----- | --- | --- | ----- | --- | --- | ----- |
| 25th | --- | --- | --- | ----- | ----- | --- | --- | ----- | --- | --- | ----- |

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA**OFFICIAL**

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE**FRONT**

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): _____

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____
- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____
- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____
- (83) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (93) Air bag exhaust gases
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION**Body Region**

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

Specific Anatomic Structure**Whole Area**

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☐ No

☒ Yes

Blood Alcohol
Level (mg/dl)

BAL = ____

Glasgow Coma
Scale Score

GCSS = ____

Units of Blood
Given

Units = ____

Arterial Blood
Gases

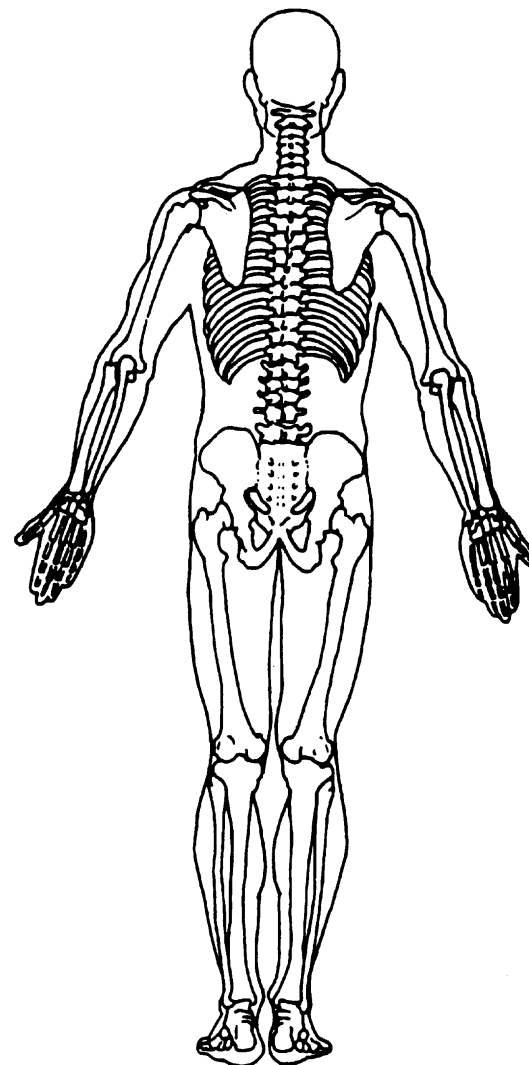
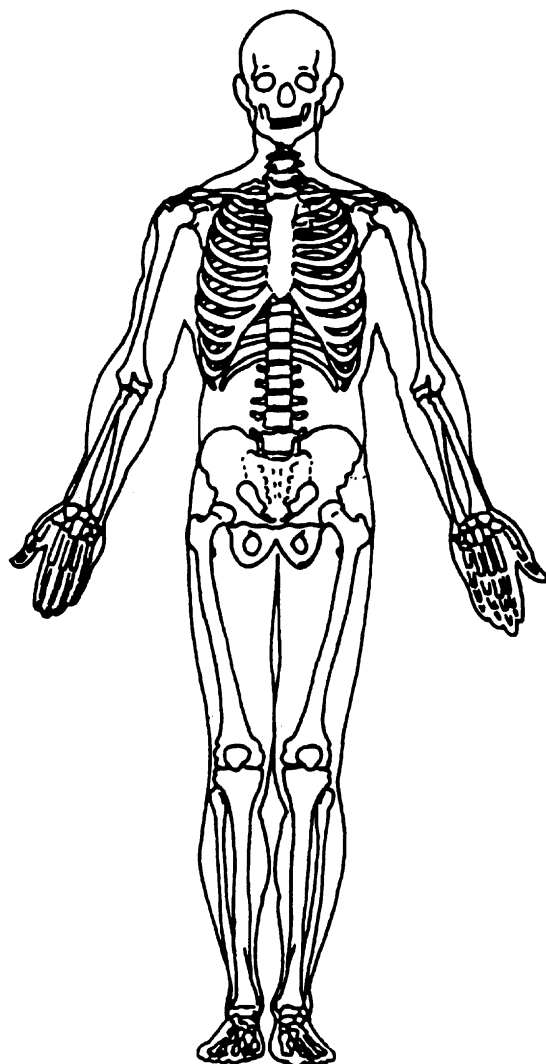
pH = ____

PO₂ = ____

PCO₂ ____

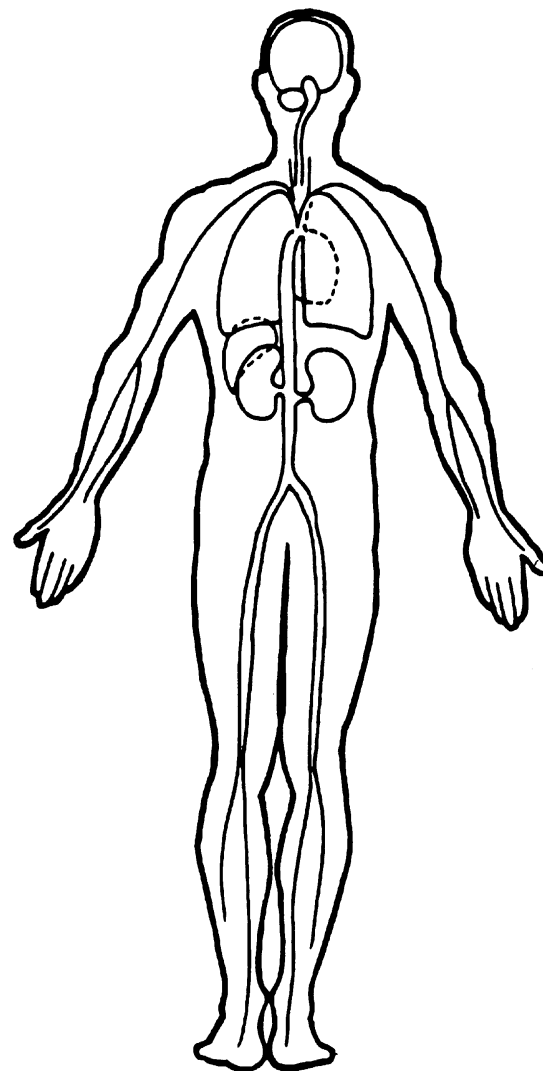
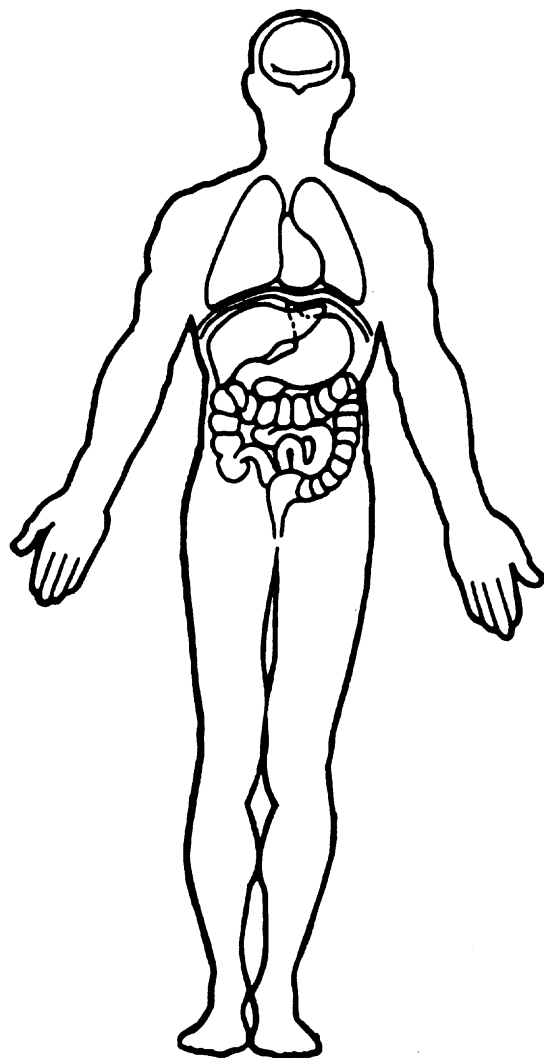
HCO₃ ____

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





U.S. Department of Transportation

National Highway Traffic Safety
Administration

CRASHPC PROGRAM SUMMARY

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

81
Primary
Sampling Unit072F
Case No.-Stratum01
Accident Event
Sequence No.94
Date (Month, day, year) of Run

CRASHPC Vehicle Identification

Vehicle 1

1978
YearFord
MakeECONOLINE VAN
Model1
NASS
Veh. No.

Vehicle 2

1984
YearFord
MakeMUSTANG
Model2
NASS
Veh. No.

GENERAL INFORMATION

| VEHICLE 1 | | | | VEHICLE 2 | | | |
|---------------------|-------------|-------------|----------------|---------------------|-------------|-------------|----------------|
| Size | <u>5'9"</u> | | <u>7</u> ✓ | Size | | | <u>2</u> ✓ |
| Weight | <u>1781</u> | <u>222</u> | <u>90</u> | Weight | <u>1295</u> | <u>109</u> | <u>0</u> |
| | Curb | Occupant(s) | Cargo | | Curb | Occupant(s) | Cargo |
| | | | <u>2093</u> kg | | | | <u>1362</u> kg |
| CDC | <u>11</u> | <u>L</u> | <u>PEW3</u> | CDC | <u>01</u> | <u>F</u> | <u>DEW2</u> |
| PDOF (-180 to +180) | | | <u>-40</u> ° | PDOF (-180 to +180) | <u>02</u> | | <u>+30</u> ° |
| Stiffness | | | <u>6</u> ✓ | Stiffness | | | <u>+502</u> ✓ |

SCENE INFORMATION

Rest and Impact Positions [☒] No, Go To Damage Information [☐] Yes

| VEHICLE 1 | | | | VEHICLE 2 | | | |
|--------------------------|-----|--|---|---------------------------|-----|--|---|
| Rest Position | X | | m | Rest Position | X | | m |
| | Y | | m | | Y | | m |
| | PSI | | ° | | PSI | | ° |
| Impact Position | X | | m | Impact Position | X | | m |
| | Y | | m | | Y | | m |
| | PSI | | ° | | PSI | | ° |
| Slip Angle(-180 to +180) | | | ° | Slip Angle (-180 to +180) | | | ° |

VEHICLE MOTION

Sustained Contact [☐] No [☐] Yes

| VEHICLE 1 | | | | VEHICLE 2 | | | |
|---|-----|--|---|---|-----|--|---|
| Vehicle Rotation [<input type="checkbox"/>] No [<input type="checkbox"/>] Yes | | | | Vehicle Rotation [<input type="checkbox"/>] No [<input type="checkbox"/>] Yes | | | |
| Rotation Stop Before Rest [<input type="checkbox"/>] No [<input type="checkbox"/>] Yes | | | | Rotation Stop Before Rest [<input type="checkbox"/>] No [<input type="checkbox"/>] Yes | | | |
| End of Rotation Position | X | | m | End of Rotation Position | X | | m |
| | Y | | m | | Y | | m |
| | PSI | | ° | | PSI | | ° |
| Curved Path [<input type="checkbox"/>] No [<input type="checkbox"/>] Yes | | | | Curved Path [<input type="checkbox"/>] No [<input type="checkbox"/>] Yes | | | |
| Point on Path X _____ m Y _____ m | | | | Point on Path X _____ m Y _____ m | | | |
| Rotation Direction [<input type="checkbox"/>] None [<input type="checkbox"/>] CW [<input type="checkbox"/>] CCW | | | | Rotation Direction [<input type="checkbox"/>] None [<input type="checkbox"/>] CW [<input type="checkbox"/>] CCW | | | |
| Rotation >360° [<input type="checkbox"/>] No [<input type="checkbox"/>] Yes | | | | Rotation >360° [<input type="checkbox"/>] No [<input type="checkbox"/>] Yes | | | |

FRICITION INFORMATION

Coefficient of Friction . _____
 Rolling Resistance Option _____

Vehicle 1 Rolling Resistance

LF _____ RF _____
 LR _____ RR _____

Vehicle 2 Rolling Resistance

LF _____ RF _____
 LR _____ RR _____

TRAJECTORY INFORMATION

Trajectory Data [] No [] Yes
If No, Go To Damage Information

Vehicle 1 Steer Angles

LF _____ ° RF _____ °
 LR _____ ° RR _____ °

Vehicle 2 Steer Angles

LF _____ ° RF _____ °
 LR _____ ° RR _____ °

Terrain Boundary [] No [] Yes

First Point

X _____ m Y _____ m

Second Point

X _____ m Y _____ m

Secondary Coefficient of Friction . _____

DAMAGE INFORMATION

VEHICLE 1

Damage Length L 259 cm

Crush Depths
 C₁ _____ 0 cm
 C₂ _____ 2 cm
 C₃ _____ 28 cm
 C₄ _____ 31 cm
 C₅ _____ 26 cm
 C₆ _____ 4 cm

Damage Offset D \pm -58 cm

VEHICLE 2

Damage Length L 155 cm

Crush Depths
 C₁ _____ 21 cm
 C₂ _____ 19 cm
 C₃ _____ 18 cm
 C₄ _____ 17 cm
 C₅ _____ 13 cm
 C₆ _____ 16 cm

Damage Offset D \pm 0 cm

IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE *NOT IN TRANSPORT*, FILL IN THE INFORMATION BELOW.

Model Year: _____

Make: _____

Model: _____

VIN: _____

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.

SUMMARY OF CRASHPC RESULTS USING DAMAGE

P81 072F IMP #2

SPEED CHANGE
(DAMAGE)

VEHICLE #1

| | |
|---------------------|-----------------------------|
| TOTAL | 18 KPH (11 MPH) |
| LONGITUDINAL | -13 KPH (-8 MPH) |
| LATITUDINAL | 11 KPH (7 MPH) |
| PDOF ANGLE | -40 DEGREES |
| ENERGY DISSIPATED = | 73701 JOULES (54352 FT-LB) |

VEHICLE #2

| | |
|---------------------|-----------------------------|
| TOTAL | 27 KPH (17 MPH) |
| LONGITUDINAL | -17 KPH (-11 MPH) |
| LATITUDINAL | -21 KPH (-13 MPH) |
| PDOF ANGLE | 50 DEGREES |
| ENERGY DISSIPATED = | 48541 JOULES (35798 FT-LB) |

Final Run

DAMAGE DATA

| | VEHICLE #1 | VEHICLE #2 |
|--------------------|----------------------|----------------------|
| SIZE CATEGORY | 7 | 2 |
| STIFFNESS CATEGORY | 6 | 2 |
| VEHICLE WEIGHT | 2093 KGS (4614 LBS) | 1362 KGS (3003 LBS) |
| CDC | 11LBEW3 | 02FDEW2 |
| PDOF ANGLE | -40 DEGREES | 50 DEGREES |
| CRUSH LENGTH | 259 CM. (102 IN.) | 155 CM. (61 IN.) |
| C1 | 0 CM. (0 IN.) | 21 CM. (8 IN.) |
| C2 | 2 CM. (1 IN.) | 19 CM. (7 IN.) |
| C3 | 28 CM. (11 IN.) | 18 CM. (7 IN.) |
| C4 | 31 CM. (12 IN.) | 17 CM. (7 IN.) |
| C5 | 26 CM. (10 IN.) | 13 CM. (5 IN.) |
| C6 | 4 CM. (2 IN.) | 16 CM. (6 IN.) |
| D | -58 CM. (-23 IN.) | 0 CM. (0 IN.) |
| D' | -34 CM. (-13 IN.) | -5 CM. (-2 IN.) |

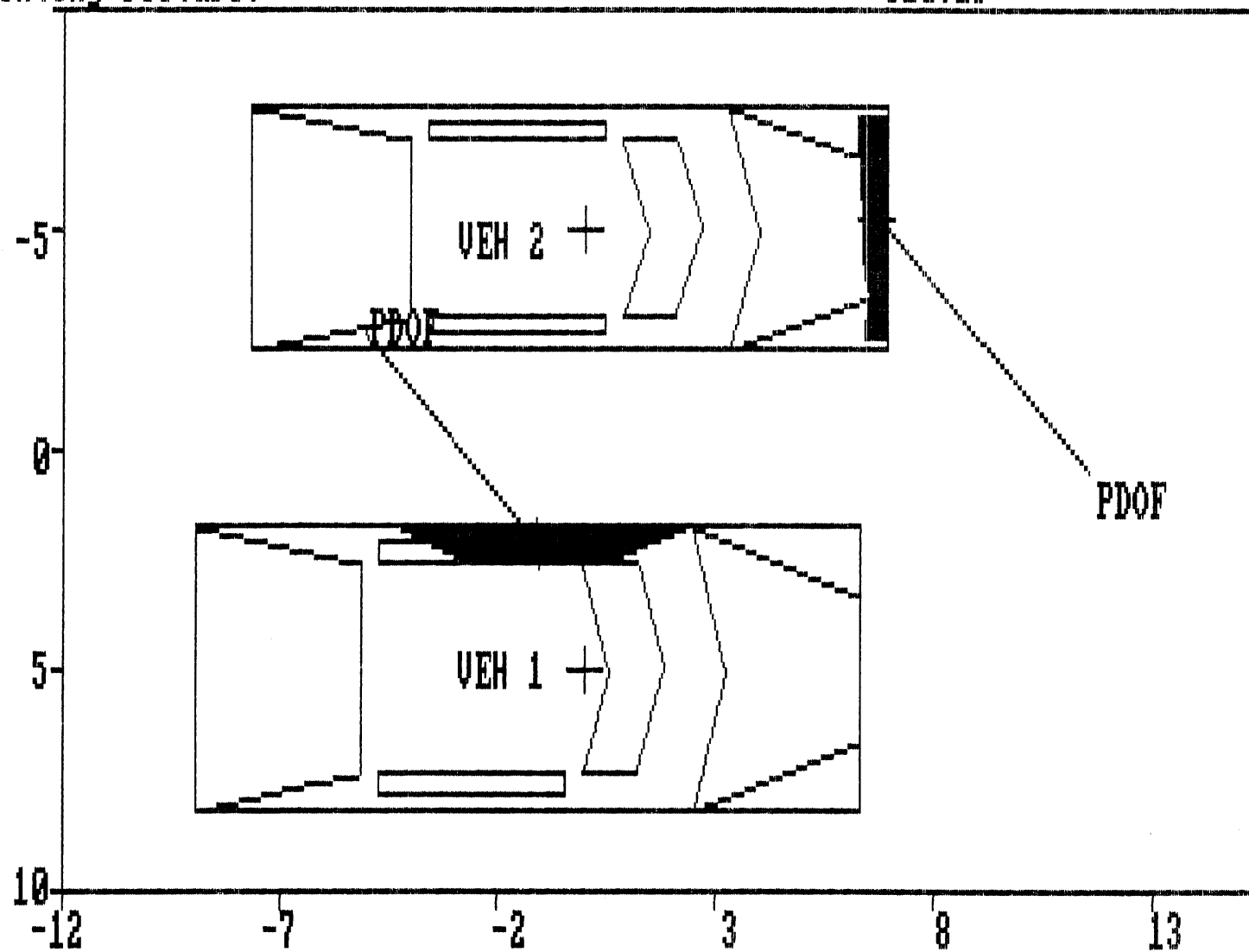
(* INDICATES DEFAULT VALUE)

DIMENSIONS AND INERTIAL PROPERTIES -----

| | VEHICLE #1 | VEHICLE #2 |
|--------------------|------------------------|------------------------|
| CG TO FRONT AXLE | 123 CM. (49 IN.) | 118 CM. (46 IN.) |
| CG TO REAR AXLE | 174 CM. (69 IN.) | 127 CM. (50 IN.) |
| TRACK | 172 CM. (68 IN.) | 139 CM. (55 IN.) |
| CG TO FRONT OF VEH | 192 CM. (76 IN.) | 212 CM. (83 IN.) |
| CG TO REAR OF VEH | -272 CM. (-107 IN.) | -233 CM. (-92 IN.) |
| CG TO SIDE OF VEH | 100 CM. (40 IN.) | 85 CM. (34 IN.) |
| MOMENT OF INERTIA | 20206 KGS (44546 LBS) | 10450 KGS (23039 LBS) |
| VEHICLE MASS | 5 KGS (12 LBS) | 4 KGS (8 LBS) |

Printing Picture:

81072F



DAMAGE DESCRIPTION

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

TITLE

CRASH3 RECONSTRUCTION

GENERAL INFORMATION

VEHICLE #1

SIZE 7
WEIGHT 2093.
CDC 11LPEW3
PDOF -40.00
STIFFNESS 6
CANCEL ACCEPT

VEHICLE #2

SIZE 2
WEIGHT 1404.
CDC 01FDEW2
PDOF 30.00
STIFFNESS 2
CANCEL ACCEPT

METRIC INPUT

INPUT CALCULATE TRAJECTORY OUTPUT GRAPHICS EXIT

DAMAGE INFORMATION

VEHICLE #1

DAMAGE LENGTH 259.0
CRUSH DEPTHS
 C1 .000
 C2 2.000
 C3 28.00
 C4 31.00
 C5 26.00
 C6 4.000
DAMAGE OFFSET -58.00
CANCEL ACCEPT

VEHICLE #2

DAMAGE LENGTH 155.0
CRUSH DEPTHS
 C1 21.00
 C2 19.00
 C3 18.00
 C4 17.00
 C5 13.00
 C6 16.00
DAMAGE OFFSET .000
CANCEL ACCEPT

METRIC INPUT

| | | | | | |
|-------|-----------|------------|--------|----------|------|
| INPUT | CALCULATE | TRAJECTORY | OUTPUT | GRAPHICS | EXIT |
|-------|-----------|------------|--------|----------|------|

SUMMARY OF CRASHPC RESULTS USING DAMAGE

CRASH3 RECONSTRUCTION

SPEED CHANGE (DAMAGE)

VEHICLE #1

| | |
|---------------------|-----------------------------|
| TOTAL | 19 KPH (12 MPH) |
| LONGITUDINAL | -14 KPH (-9 MPH) |
| LATITUDINAL | 12 KPH (8 MPH) |
| PDOF ANGLE | -40 DEGREES |
| ENERGY DISSIPATED = | 73701 JOULES (54352 FT-LB) |

VEHICLE #2

| | |
|---------------------|-----------------------------|
| TOTAL | 28 KPH (17 MPH) |
| LONGITUDINAL | -24 KPH (-15 MPH) |
| LATITUDINAL | -14 KPH (-9 MPH) |
| PDOF ANGLE | 30 DEGREES |
| ENERGY DISSIPATED = | 32361 JOULES (23865 FT-LB) |

PRESS ANY KEY TO CONTINUE

| | | | | | |
|-------|-----------|------------|--------|----------|------|
| INPUT | CALCULATE | TRAJECTORY | OUTPUT | GRAPHICS | EXIT |
|-------|-----------|------------|--------|----------|------|

DAMAGE DATA

VEHICLE #1

VEHICLE #2

| | | |
|--------------------|----------------------|----------------------|
| SIZE CATEGORY | 7 | 2 |
| STIFFNESS CATEGORY | 6 | 2 |
| VEHICLE WEIGHT | 2093 KGS (4614 LBS) | 1404 KGS (3095 LBS) |
| CDC | 11LPEW3 | 01FDEW2 |
| PDOF ANGLE | -40 DEGREES | 30 DEGREES |
| CRUSH LENGTH | 259 CM. (102 IN.) | 155 CM. (61 IN.) |
| C1 | 0 CM. (0 IN.) | 21 CM. (8 IN.) |
| C2 | 2 CM. (1 IN.) | 19 CM. (7 IN.) |
| C3 | 28 CM. (11 IN.) | 18 CM. (7 IN.) |
| C4 | 31 CM. (12 IN.) | 17 CM. (7 IN.) |
| C5 | 26 CM. (10 IN.) | 13 CM. (5 IN.) |
| C6 | 4 CM. (2 IN.) | 16 CM. (6 IN.) |
| D | -58 CM. (-23 IN.) | 0 CM. (0 IN.) |
| D' | -34 CM. (-13 IN.) | -5 CM. (-2 IN.) |

(* INDICATES DEFAULT VALUE)
PRESS ANY KEY TO CONTINUE

INPUT

CALCULATE

TRAJECTORY

OUTPUT

GRAPHICS

EXIT

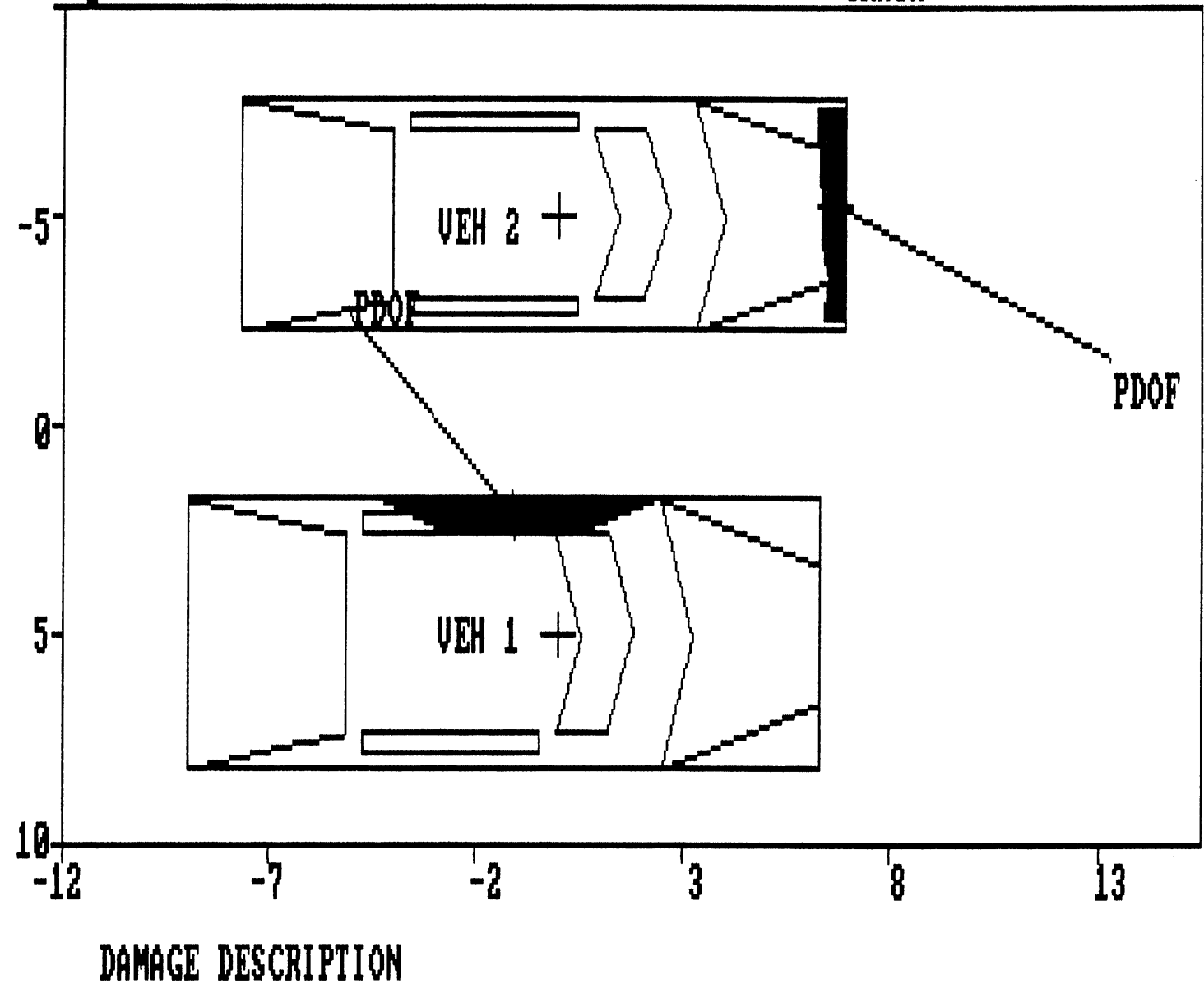
DIMENSIONS AND INERTIAL PROPERTIES

| | VEHICLE #1 | VEHICLE #2 |
|--------------------|------------------------|------------------------|
| CG TO FRONT AXLE | 123 CM. (49 IN.) | 118 CM. (46 IN.) |
| CG TO REAR AXLE | 174 CM. (69 IN.) | 127 CM. (50 IN.) |
| TRACK | 172 CM. (68 IN.) | 139 CM. (55 IN.) |
| CG TO FRONT OF VEH | 192 CM. (76 IN.) | 212 CM. (83 IN.) |
| CG TO REAR OF VEH | -272 CM. (-107 IN.) | -233 CM. (-92 IN.) |
| CG TO SIDE OF VEH | 100 CM. (40 IN.) | 85 CM. (34 IN.) |
| MOMENT OF INERTIA | 20206 KGS (44546 LBS) | 10773 KGS (23749 LBS) |
| VEHICLE MASS | 5 KGS (12 LBS) | 4 KGS (8 LBS) |

PRESS ANY KEY TO CONTINUE

Printing Picture:

CRASH



[illegible]

GENERAL VEHICLE Vehicle: 1

11

INTRA ERRORS

OGG0421 2 If ROLLOVER GV24 equals 1-9, then BASIS FOR DELTA V GV29 should
GG0422 equal 4 or 5.

0

OCCUPANT ASSESSMENT Vehicle: 2 Occupant: 1

11

INTRA ERRORS

OHH1091 2 If TREATMENT OA35 equals 0, 4 or 5, then WORKING DAYS LOST OA38
HH1092 should equal 00, 01, 97 or 99.

01

INTER ERRORS

OCH0171 2 If CONTACT WINDSHIELD (IV23...) equals 2, 3, 5 or 6, then
CH0172 RECORDED INJURIES OA43 should not equal 00. GV=01 OA=02

CH0171 2 If CONTACT WINDSHIELD (IV23...) equals 2, 3, 5 or 6, then
CH0172 RECORDED INJURIES OA43 should not equal 00. GV=01 OA=03

CT0011 2 If INJURY SOURCE OI12(n) equals 97 and 1st LOCATION OF INTRUSION
CT0012 IV47 does not equal blank, then INTRUSION NUMBER OI15(n) should
CT0013 equal 99. GV=01 OA=01 OI=05

CT0011 2 If INJURY SOURCE OI12(n) equals 97 and 1st LOCATION OF INTRUSION
CT0012 IV47 does not equal blank, then INTRUSION NUMBER OI15(n) should
CT0013 equal 99. GV=01 OA=01 OI=06

PSU81

ERROR SUMMARY SCREEN

95

CASE 072F

CURRENT VERSION: 7.03

| FORM NAME | NUMBER OF DOLLAR SIGNS | NUMBER OF LEVEL 1 ERRORS | NUMBER OF LEVEL 2 ERRORS | VERSION NUMBER CONSISTENT |
|--------------------|---------------------------|--------------------------------|--------------------------------|---------------------------------|
| Accident | 0 | 0 | 0 | Y |
| General Vehicle | 0 | 0 | 1 | Y |
| Vehicle Exterior | 0 | 0 | 0 | Y |
| Vehicle Interior | 0 | 0 | 0 | Y |
| Occupant Assesment | 0 | 0 | 1 | Y |
| Occupant Interior | 0 | 0 | 0 | Y |
| Total Inter Errors | | 0 | 4 | |
| Total Case Errors | 0 | 0 | 6 | |

SLIDE INDEX

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

Primary Sampling Unit Number 81

Case Number—Stratum 0721

[illegible]

[illegible]



PSU 81-072F (1994) # 1



PSU 81-072F (1994) # 2



PSU 81-072F (1994) #3



PSU 81-072F (1994) # 4



PSU 81-072F (1994) # 5



PSU 81-072F (1994) #6



PSU 61-072F (1994) # 7



PSU 81-072F (1994) # 8



PSU 81-072F (1994) #9



PSU 81-072F (1994) # 10



PSU 81-072F (1994) # 11



PSU 81-072F (1994) # 12



PSU81-072F (1994) #13



PSU 81-072F (1994) #14



PSU81-072F (1994) #15



PSU 81-072F (1994) #16



PSU 81-072F (1894) # 17



PSU81-072F (1994) #18



PSU 81-072F (1994) # 19



PSU 81-072F (1994) # 20



PSU 81-072F (1994) # 21



PSU 81-072F (1994) #22



PSU 81-072F (1994) #23



PSU 81-072F (1994) #24



PSU 81-072F (1994) #25



PSU 81-072F (1994) #26



PSU 81-072F (1994) #27



PSU 81-072F (1994) #28



PSU 81-072F (1994) #29



PSU 81-072F (1994) #30



PSU 81-072F (1994) #31



PSU 81-072F (1994) #32



PSU 81-072F (1994) #33



PSU 81-072F (1994) #34



PSU81-072F (1984) #35



PSU 81-072F (1984) #36



PSU 81-072F (1994) #37



PSU 81-072F (1994) #38



PSU 81-072F (1994) #39



PSU 81-072F (1994) #40



PSU 81-072F (1994) #41



PSU 81-072F (1994) #42



PSU 81-072F (1994) #43



PSU 81-072F (1994) #44



PSU 81-072F (1994) #45



PSU 81-072F (1994) #46



PSU 81-072F (1994) #47



PSU 81-072F (1994) #48



PSJ 81-072F (1994) #49



PSU 81-072F (1994) #50



PSU 81-072F (1984) #51



PSU 81-072F (1994) #52



PSU 81-072F (1994) #53



PSU 81-072F (1994) #54



PSU 81-072F (1994) #55



PSU 81-072F (1994) #56



PSU 81-072F (1994) #57



PSU 81-072F (1994) #58



PSU 81-072F (1994) #59



PSU 81-072F (1984) #60



PSU 81-072F (1994) #61
Best Available



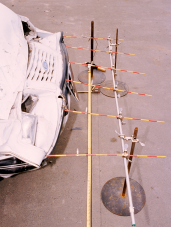
PSU 81-072F (1994) #62
Best Available



PSU 81-072F (1994) #63
Best Available



PSU 81-072F (1994) #64
Best Available



PSU 81-072F (1994) #65
Best Available



PSU 81-072F (1994) #66
Best Available



PSU 81-072F (1994) #67
Best Available



PSU 81-072F (1994) #68
Best Available



PSU 81-072F (1994) #69
Best Available



PSU 81-072F (1994) #70
Best Available



PSU 81-072F (1994) #71
Best Available



PSU 81-072F (1994) #72



PSU 81-072F (1994) #73
Best Available



PSU 81-072F (1994) #74



PSU 81-072F (1994) #75



PSU 81-072F (1994) #76



PSU 81-072F (1994) #77



PSU 81-072F (1994) #78



PSU 81-072F (1994) #79



PSU 81-072F (1994) #80



PSU 81-072F (1994) #81



PSU 81-072F (1994) #82



PSU 81-072F (1994) #83



PSU81-072F (1994) #84



PSU 81-072F (1994) #85



PSU 81-072F (1994) #68



PSU 81-072F (1994) #87



PSU 81-072F (1994) #88



PSU 81-072F (1994) #89



PSU 81-072F (1994) #90



PSU 81-072F (1994) #91